| Debtor 1 | Johnny Darrell Lorick | | | |
|---------------------|--------------------------|------------------------|---|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | Southern District of I | ndiana | |
| Case number | 19-00252-JJG | -13 | | |
| | (If known) | | *************************************** | |

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B..... \$369,400.00 1b. Copy line 62, Total personal property, from Schedule A/B..... \$72,318.00 1c. Copy line 63, Total of all property on Schedule A/B..... \$441,718.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...... \$225,516.17 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$3,590.33 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$25,900.07 Your total liabilities \$255,006.57 Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$6,807.06 Copy your combined monthly income from line 12 of Schedule I..... 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J..... \$4,290.00

| Debt | tor 1 | Johnny Darrell Lorick First Name Middle Name Last Name | Case number (if known) | 2-JJG-13 |
|-------------|----------------------|---|---|--|
| Pai | rt 4: | Answer These Questions for Administrative and Statistical Rec | cords | |
| 6. | Are you | filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | ☐ No.` ☑ Yes | You have nothing to report on this part of the form. Check this box and submit | t this form to the court with your oth | er schedules. |
| 7. V | Vhat kin | nd of debt do you have? | HICH BURKKERWINGOV, A. 1414-A. OHA SIII KOOTEKS KURWUNGPROMERE II INCIII III AAAAA AYAY AAAAA SII KURKEESTERKEESTERKEE | adi katigan yang menungan bada adah adah dangan telut 311111 menungian telah telah telah berapan dalam berapan |
| [| Your famil | debts are primarily consumer debts. Consumer debts are those "incurred y, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical | by an individual primarily for a perspurposes. 28 U.S.C. § 159. | sonal, |
| C | Your this fo | debts are not primarily consumer debts. You have nothing to report on the orm to the court with your other schedules. | is part of the form. Check this box a | and submit |
| 8. F | rom the | e Statement of Your Current Monthly Income: Copy your total current mont 2A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | thly income from Official | \$10,236.49 |
| 9. C | opy the | following special categories of claims from Part 4, line 6 of Schedule E/ | a an magament nen senere hama kapamenen kepa an una antra kalabahahan kan una mengahan kangan kan kan kan kan Kenangan | a aktivista kirja siisesta kan saasa kun saasa ka saasa ka saasa ka |
| | | | Total claim | |
| | From P | art 4 on <i>Schedule E/F</i> , copy the following: | | |
| 98 | a. Dome | stic support obligations (Copy line 6a.) | \$ | |
| 91 | o. Taxes | and certain other debts you owe the government. (Copy line 6b.) | \$3,590.33 | |
| 90 | . Claims | s for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | |
| 90 | l. Studer | nt loans. (Copy line 6f.) | \$13,011.00 | |
| 9е | . Obliga priority | tions arising out of a separation agreement or divorce that you did not report a claims. (Copy line 6g.) | as \$ | |
| 9f. | Debts | to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | |
| | | | | |

9g. Total. Add lines 9a through 9f.

16,601.33

Case 19-00252-JJG-13 Doc 21 Filed 03/04/19 EOD 03/04/19 15:43:47 Pg 3 of 46

| - Case 15 00202 000 10 Boo | 21 1 1100 00/04/10 200 00/04/ | 10 10.40.41 | 9 0 01 40 |
|---|--|---|--|
| Fill in this information to identify your case and the | nis filing: | | |
| Debtor 1 Johnny Darrell Lorick | | | |
| First Name Middle Name Debtor 2 | Last Name | | |
| (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Southern District of | ndiana | | |
| Case number 19-00252-JJG-13 | | ı | Check if this is an |
| | | , | amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Proper | ty | | 12/15 |
| In each category, separately list and describe iter category where you think it fits best. Be as comp responsible for supplying correct information. If I write your name and case number (if known). Ans | lete and accurate as possible. If two married peop nore space is needed, attach a separate sheet to t wer every question. | ole are filing together, b his form. On the top of | oth are equally |
| Part 1: Describe Each Residence, Building 1. Do you own or have any legal or equitable inter | | | |
| □ No. Go to Part 2. | est in any residence, building, land, or similar pro | perty? | |
| Yes. Where is the property? | What is the property? Check all that apply. | Do not deduct secured cl | Contractions of example of the |
| _{1.1.} 6445 Harrison Ridge Blvd. | Single-family home | the amount of any secure Creditors Who Have Clair | ed claims on Schedule D: |
| Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative | Current value of the | |
| | Manufactured or mobile home | entire property? | portion you own? |
| | Land Investment property | \$ 369,400.00 | \$ 369,400.00 |
| Indianapolis IN 46236 City State ZIP Code | Timeshare | Describe the nature interest (such as fee | |
| 3.1, 3.10 | Other | the entireties, or a lif Fee simple | |
| | Who has an interest in the property? Check one | | ommunity property |
| Marion County County | ✓ Debtor 1 only Debtor 2 only | Check it this is co | onlinumity property |
| · | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | ikana ayah sa tasal | |
| | Other information you wish to add about this i property identification number: edroom, 4.5 bathroom, 2 floors. chased in 2001 for \$372,131.06 | tem, such as local | |
| If you own or have more than one, list here: | | | |
| if you own or have more than one, list here. | What is the property? Check all that apply. Single-family home | Do not deduct secured cla the amount of any secure | |
| 1.2. Street address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Clair | |
| | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| *************************************** | Land | \$ | \$ |
| | Investment property | | - |
| City State ZIP Code | ☐ Timeshare ☐ Other | Describe the nature of interest (such as feet) | |
| | Who has an interest in the property? Check one. | the entireties, or a life | e estate), if known. |
| | Debtor 1 only | | *************************************** |
| County | Debtor 2 only Debtor 1 and Debtor 2 only | Check if this is con | mmunity property |
| | At least one of the debtors and another | (see instructions) | minumity property |
| | Other information you wish to add about this ite | m, such as local | |
| | property identification number: | | to visualizar con contraction of the contraction of |
| | | | |

| Street address if evallable and the desired | What is the property? Check all that apply. Single-family home | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
|--|---|--|---|
| Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? | Current value of the portion you own? |
| City State ZIP Code | Investment property Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| County | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number: | (see instructions) | ommunity property |
| 2. Add the dollar value of the portion you own for a | all of your entries from Part 1, including any entrie | · · | \$369,400.00 |
| Part 2: Describe Your Vehicles | nere. | | |
| you own that someone else drives. If you lease a vehic | cle, also report it on Schedule G: Executory Contracts | and Unexpired Leases. | ; |
| you own that someone else drives. If you lease a vehic | cle, also report it on Schedule G: Executory Contracts | and Unexpired Leases. | ; |
| No 3.1. Make: Model: Camaro Year: Move that someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle and the someone else drives. If you lease a vehicle are the someone else drives. If you lease a vehicle are the someone else drives. If you lease a vehicle are the someone else drives. If you lease a vehicle are the someone else drives. If you lease a vehicle are the someone else are the someone else drives. If you lease a vehicle are the someone else a | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured claithe amount of any secured Creditors Who Have Claim | ims or exemptions. Put I claims on <i>Schedule D:</i> Is Secured by Property. |
| you own that someone else drives. If you lease a vehicles 3. Cars, vans, trucks, tractors, sport utility vehicles No Yes 3.1. Make: Model: Camaro | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | and Unexpired Leases. Do not deduct secured claithe amount of any secured Creditors Who Have Claim | ims or exemptions. Put I claims on <i>Schedule D:</i> Is Secured by Property. |
| Yes 3.1. Make: Chevrolet Model: Camaro Year: 1991 Approximate mileage: 64,527 Other information: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 2,500.00 Do not deduct secured claim the amount of any secured Creditors Who Have Claims Current value of the entire property? | ims or exemptions. Put claims on Schedule D: is Secured by Property. Current value of the portion you own? \$ 2,500.00 ms or exemptions. Put claims on Schedule D: |

| | Make: | Who has an interest in the property? Check one. | Do not deduct secured cl the amount of any secure | |
|--|--|---|---|--|
| | Model: | | Creditors Who Have Clai | |
| | Year: | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | A read one of the abstore and another | | |
| | | Check if this is community property (see instructions) | \$ | \$ |
| _ | Make: | | Do not deduct secured cla | |
| | Model: | Debtor 1 only Debtor 2 only | Creditors Who Have Clair | |
| | Year: | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the | |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | |
| | | Check if this is community property (see instructions) | \$ | \$ |
| No Ye | Make: | Dobtor 1 only | Do not deduct secured cla | l claims on <i>Schedule D:</i> |
| No Ye | o es | Who has an interest in the property? Check one. | ries Do not deduct secured cla | d claims on Schedule D: ns Secured by Property. |
| No Ye | Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? | d claims on Schedule D: ss Secured by Property. Current value of the portion you own? \$ |
| Ye | Make: Model: Year: Other information: Down or have more than one, list here | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clai the amount of any secured | d claims on Schedule D: ss Secured by Property. Current value of th portion you own? \$ ms or exemptions. Put claims on Schedule D: |
| Notes | Make: Model: Year: Other information: Down or have more than one, list here Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) e: Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claithe amount of any secured Creditors Who Have Claim | d claims on Schedule D: ss Secured by Property. Current value of th portion you own? \$ |
| Note that the second se | Make: Model: Year: Other information: Down or have more than one, list here Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clai the amount of any secured | d claims on Schedule D: ss Secured by Property. Current value of the portion you own? \$ |
| No Ye | Make: Model: Year: Other information: Down or have more than one, list here Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claithe amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule D: ss Secured by Property. Current value of th portion you own? \$ |
| Notes | Make: Model: Year: Other information: Down or have more than one, list here Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claithe amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule Das Secured by Property. Current value of the portion you own? \$ |
| Notes | Make: Model: Year: Other information: Down or have more than one, list here Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: ss Secured by Property. Current value of the portion you own? \$ |
| No. 1. | Make: Model: Year: Other information: Down or have more than one, list here Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$ |

Part 3: Describe Your Personal and Household Items

| D | o you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? |
|-------|--|--|
| 6. | . Household goods and furnishings | Do not deduct secured claims |
| | Examples: Major appliances, furniture, linens, china, kitchenware | or exemptions. |
| | □ No Household goods | VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV |
| | ✓ Yes. Describe | |
| | | 0.005.00 |
| | | \$_8,335.00 |
| 7 | Electronics | |
| 7. | | MAX (MAX (MAX (MAX (MAX (MAX (MAX (MAX (|
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| | Televisions, DVDs, Radios, Projector, Computers & Tablets, Printer, Record Player & Albums, | Cell |
| | ☑Yes, Describe Phones, DVD Players | \$ 2,540.00 |
| | | \$ |
| 8. | Collectibles of value | # |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; | MIN MANUFACTURE 111 MIN 111 MI |
| | stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | |
| | No Statues, Asian Figurines (1 antique), Asian Art, Asian Screens, African Masks, African Figures, ✓ Yes, Describe. African Dolls, African Art, Buffalo Soldier Collectibles, Original Artwork | 40.000.00 |
| | Yes. DescribeAfrican Dolls, African Art, Buffalo Soldier Collectibles, Original Artwork | \$_10,000.00 |
| _ | | THE REAL PROPERTY OF THE PROPE |
| 9. | Equipment for sports and hobbies | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | MANAGEMENT AND |
| | ☑ No | |
| | Yes. Describe | \$ <u>0.00</u> |
| | | |
| 10. | Firearms | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment No | |
| | Yes. Describe | \$ 0.00 |
| | | \$ |
| 11. | Clothes | amounting all p 1 on Whitehold |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | □ No Clothing | |
| | ✓ Yes. Describe | \$ 200.00 |
| | | Ψ |
| 12 | Jewelry | The state of the s |
| | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | ······································ |
| | gold, silver | |
| | ☑ No | na de responsa de Adamanda y |
| | Yes. Describe | \$ 0.00 |
| | | T and the same of |
| | Non-farm animals | |
| | Examples: Dogs, cats, birds, horses | |
| İ | No No | |
| | Yes. Describe | <u>\$</u> 0.00 |
| | | (n-Applicabilities researched) |
| 14. | Any other personal and household items you did not already list, including any health aids you did not list | · minorious rouse . |
| ı | ☑ No | |
| I | Yes. Give specific | 0.00 |
| | information | Ψ |
| 15. 4 | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | s 21,075.00 |
| | for Part 3. Write that number here | D |
| | A Grand Control of the Control of th | the three more and the law more against a great and appropriate and the contract of the contra |

| Part 4: | Describe | Your | Financial | Assets |
|---------|----------|------|-----------|--------|
|---------|----------|------|-----------|--------|

| | gal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claim or exemptions. |
|--|--|---|
| 16. Cash | ve in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | |
| ☐ No | | |
| ☑ Yes | Cash: | <u>\$ 10.00</u> |
| and other simi | ings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, lar institutions. If you have multiple accounts with the same institution, list each. | |
| ☐ No ☑ Yes | Institution name: | |
| 17.1. Checking account: | Mass Mutual Federal Credit Union (#3138) | \$_1,200.00 |
| 17.2. Checking account: | JPMorgan Chase Bank (#9846) | \$ 50.00 |
| 17.3. Savings account: | | \$ |
| 17.4. Savings account: | | \$ |
| 17.5. Certificates of deposit: | | |
| 17.6. Other financial account: | (#1494) | _ \$ <u>483.00</u> |
| 17.7. Other financial account: | | - \$ |
| | | |
| 17.9. Other financial account: | | - \$ |
| 8. Bonds, mutual funds, or p Examples: Bond funds, invo No Yes Institution or issuer name: | oublicly traded stocks estment accounts with brokerage firms, money market accounts | \$ |
| - | | \$ |
| ~~~ | | \$ |
| 9. Non-publicly traded stock an LLC, partnership, and No Yes. Give specific information about them | and interests in incorporated and unincorporated businesses, including an interest in joint venture | |
| Name of entity: | % of ownership: | \$ |
| | % | \$ |
| | | e |
| | | 4 (4 - 4) (4 4 - 4 - 7 - 7 37 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |

| 20. Government and corporate bonds and other negotiable and non-negotiable instruments | and a second constitution of the contract of the second se |
|--|--|
| Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. | |
| Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. | |
| ✓ No ✓ Yes. Give specific | |
| information about them | |
| Issuer name: | |
| | \$ |
| | \$ |
| | Φ. |
| 21. Retirement or pension accounts | |
| Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plan | s |
| □No | |
| ☑ Yes. List each | |
| account separately. Institution name: Type of account: | |
| 401(k) or similar plan: Mass Mutual | _{\$} 7,000.00 |
| Description in the second seco | ¢ |
| Pension plan: | |
| IRA: | <u> </u> |
| Retirement account: | \$ |
| Keogh: | \$ |
| Additional account: | \$ |
| Additional account: | |
| Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others | |
| ☑ No | |
| Yes Institution name or individual: | |
| Electric: | \$ |
| Gas: | \$ |
| Heating oil: | \$ |
| Rental unit: | \$ |
| Prepaid rent: | \$ |
| elephone: | - - |
| Vater: | <u> </u> |
| Rented furniture: | d• |
| | \$ |
| ther: | \$ |
| | |
| 3. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) | |
| ☑ No | |
| Yes Issuer name and description: | |
| | \$ |
| | \$ |
| | \$ |

| 24. Interests in an education IRA, in an account in a qualified ABLE program | , or allow a qualified otato tallion program | |
|---|---|---|
| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☑ No | | |
| | | |
| Institution name and description. Separately | file the records of any interests.11 U.S.C. § 52 | 1(c): |
| | | \$ |
| | | \$ |
| | *** | \$ |
| | | * |
| 25. Trusts, equitable or future interests in property (other than anything list exercisable for your benefit | ed in line 1), and rights or powers | Nonementary |
| ☑ No | | |
| Yes. Give specific | | . 0.00 |
| information about them | | \$0.00 |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual pr | Anarty | 70000000000 |
| Examples: Internet domain names, websites, proceeds from royalties and lice | • • | |
| ☑ No | | |
| Yes. Give specific | | |
| information about them | | \$ <u>0.00</u> |
| | | ann ig aan aggaan |
| 27. Licenses, franchises, and other general intangibles | | |
| Examples: Building permits, exclusive licenses, cooperative association holdi | ngs, liquor licenses, professional licenses | |
| ☑ No | |) |
| | | *************************************** |
| Yes. Give specific | | ¢0.00 |
| | | \$0.00 |
| Yes. Give specific information about them | | Current value of the |
| Yes. Give specific information about them | | |
| Yes. Give specific information about them Money or property owed to you? | | Current value of the portion you own? Do not deduct secured |
| Yes. Give specific information about them Money or property owed to you? | | Current value of the portion you own? Do not deduct secured |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you No | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you No Yes. Give specific information about them, including whether | Federal: | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns | Federal: State: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you No Yes. Give specific information about them, including whether | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns | State: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: ntenance, divorce settlement, property settlem | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: ntenance, divorce settlement, property settlem Alimony: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ sent |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including whether you already filed the returns and the tax years 79. Family support Examples: Past due or lump sum alimony, spousal support, child support, mail ✓ No | State: Local: ntenance, divorce settlement, property settlem Alimony: Maintenance: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$\frac{0.00}{0.00}\$ \$0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: Intenance, divorce settlement, property settlem Alimony: Maintenance: Support: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 \$ 0.00 tent \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: ntenance, divorce settlement, property settlem Alimony: Maintenance: Support: Divorce settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ sent \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ |
| Yes. Give specific information about them Money or property owed to you? | State: Local: Intenance, divorce settlement, property settlem Alimony: Maintenance: Support: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ 0.00 \$ 0.00 \$ 0.00 tent \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 |
| Yes. Give specific information about them Money or property owed to you? | State: Local: Intenance, divorce settlement, property settlement; Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ sent \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ |
| Money or property owed to you? 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: Intenance, divorce settlement, property settlement; Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ sent \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ |
| Money or property owed to you? 28. Tax refunds owed to you ☑ No ☑ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: Intenance, divorce settlement, property settlement; Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ sent \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ |

| 31. Interests in insurance policies | | and the second of the second o | $\lambda_{i}(\sigma_{i,j})$ the $\omega_{i,j}$, $\alpha_{i,j}$ the transport equation to a section $\alpha_{i,j}$ |
|---|---|--|--|
| Examples: Health, disability, or life insura | ance; health savings account (HSA); cr | edit, homeowner's, or renter's insurance | |
| ₩ No | | , | |
| Yes. Name the insurance company of each policy and list its value. | Company name: | Beneficiary: | Surrender or refund value: |
| | | | \$ |
| *************************************** | | | \$ |
| | | | \$ |
| 32. Any interest in property that is due you If you are the beneficiary of a living trust, property because someone has died. | | policy, or are currently entitled to receive | manus |
| Yes. Give specific information | | | _{\$} 0.00 |
| 33. Claims against third parties, whether of Examples: Accidents, employment disput | es, insurance claims, or rights to sue Class action lawsuit: The case is on a | a tolling agreement. The Just For Men MDL is | 5 |
| Yes. Describe each claim | plaintiff?s attorneys are in the proces | St. Louis Division - 3:16-cv-00638-DRH. The ss of negotiating a settlement., Debtor is owed of the Divorce Decree by not holding him | \$40,000.00 |
| 34. Other contingent and unliquidated claim to set off claims ✓ No | | | one y |
| Yes. Describe each claim | | | \$0.00 |
| | ANNE PORTA ANTIRA STATE | | ************************************** |
| 35. Any financial assets you did not alread | y list | | |
| ☑ No | 1990-1990-1990-1990-1990-1990-1990-1990 | | and the same of th |
| Yes. Give specific information | | | \$ <u>0.00</u> |
| 36. Add the dollar value of all of your entried for Part 4. Write that number here | | | \$48,743.00 |
| | | | |
| | | | |
| Part 5: Describe Any Business- | Related Property You Own o | or Have an Interest In. List any re | al estate in Part 1. |
| 37. Do you own or have any legal or equital | ple interest in any business-related p | property? | |
| No. Go to Part 6. | | | |
| Yes. Go to line 38. | | | Current value of the portion you own? |
| | | | Do not deduct secured claims or exemptions. |
| 38. Accounts receivable or commissions yo | u already earned | | |
| Yes. Describe | | | |
| 20 Office equipment furnishings and supplied | To a | |) |
| F | | ugs, telephones, desks, chairs, electronic devices | |
| ☐ Yes. Describe | | |) |
| | | | |

| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | |
|---|---|
| Yes. Describe | \$ |
| 41. Inventory No Yes. Describe | \$ |
| 42. Interests in partnerships or joint ventures | .1 |
| ☐ No ☐ Yes. Describe Name of entity: % of ownership: | |
| | \$ \$ \$ |
| 43. Customer lists, mailing lists, or other compilations | |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe | \$ |
| 44. Any business-related property you did not already list | |
| ☐ Yes. Give specific information | \$\$ |
| | \$ \$ |
| | \$\$ |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here | \$ <u>0.00</u> |
| | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ☑ No. Go to Part 7. ☐ Yes. Go to line 47. | |
| | Current value of the cortion you own? Do not deduct secured claims or exemptions. |
| 47. Farm animals Examples: Livestock, poultry, farm-raised fish I No | . олоприото. |
| Yes | \$ |

| 48. Crops—either growing or harvested | | | |
|--|------------------------|--------------------------------|----------------|
| No Yes. Give specific information | | | \$ |
| 49. Farm and fishing equipment, implements, machinery, fixtu | | | |
| | | | \$ |
| 50. Farm and fishing supplies, chemicals, and feed No Yes | | | |
| | | | \$ |
| Yes. Give specific | I not already list | | |
| information | | | \$ |
| 52. Add the dollar value of all of your entries from Part 6, inclufor Part 6. Write that number here | | | \$ <u>0.00</u> |
| | | | |
| Part 7: Describe All Property You Own or Have | e an Interest in Tha | t You Did Not List Above | |
| 53. Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | y list? | | |
| 54. Add the dollar value of all of your entries from Part 7. Write | | → | \$_0.00 |
| Part 8: List the Totals of Each Part of this Form | n | | |
| 55. Part 1: Total real estate, line 2 | | → | \$ 369,400.00 |
| 56. Part 2: Total vehicles, line 5 | _{\$} 2,500.00 | | |
| 57. Part 3: Total personal and household items, line 15 | \$21,075.00 | | |
| 58. Part 4: Total financial assets, line 36 | \$ <u>48,743.00</u> | | |
| 59. Part 5: Total business-related property, line 45 | \$_0.00 | ··· | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ <u>0.00</u> | | |
| 61. Part 7: Total other property not listed, line 54 | + \$_0.00 | _ | |
| 62. Total personal property. Add lines 56 through 61 | \$ 72,318.00 | Copy personal property total → | +\$ 72,318.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$_441,718.00 |

| | | | A SERVICE DE L'ANGELE DE L'ANGEL | | |
|-----------------------------------|---|------------------------------|---|--|---------------------------------------|
| Fill in this in | nformation to identify yo | ur case: | | | |
| Debtor 1 | Johnny Darrell Lorick | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: So | uthern District of Indiana | | | |
| Case number | 19-00252-JJG-13 | | , | , | ☐ Check if this is a |
| (If known) | | | | | amended filing |
| | | | | | |
| Official F | Form 106C | | | | |
| | | D | V 0 | | |
| Sched | ule C: The | Property | <u>/ You C</u> | laim as Exemp |)t 4/16 |
| Using the prop space is neede | erty you listed on Schedu | le A/B: Property (Offic | ial Form 106A/B | ther, both are equally responsible fo) as your source, list the property the itional Page as necessary. On the to | at you claim as exempt. If more |
| For each item | of property you claim a | a avamme | | | • • • • • • • • • • • • • • • • • • • |
| specific dolla | amount as exempt. Alte | ernatively, you may o | claim the full fai | ount of the exemption you claim. ir market value of the property be | ing exempted up to the amount |
| of any applica | ble statutory limit. Some | exemptions—such | as those for he | ealth aids, rights to receive certain | n benefits, and tax-exempt |
| retirement fur limits the exer | ids—may be unlimited in notion to a particular do | i dollar amount. How | ever, if you cla | im an exemption of 100% of fair reperty is determined to exceed the | narket value under a law that |
| | ed to the applicable stat | | value of the pro | pperty is determined to exceed the | at amount, your exemption |
| | | • | | | |
| Part 1: lo | lentify the Property Y | ou Claim as Exen | ıpt | | |
| | | | | | |
| 1. Which set | of exemptions are you | claiming? Check one | only, even if yo | ur spouse is filing with you. | |
| ✓ You a | re claiming state and fede | ral nonbankruptcy exe | emptions. 11 U.S | S.C. § 522(b)(3) | |
| You a | e claiming federal exemp | tions. 11 U.S.C. § 522 | ?(b)(2) | | |
| | | | | | |
| 2. For any p | roperty you list on <i>Sche</i> | <i>dule A/B</i> that you cla | im as exempt, | fill in the information below. | |
| Brief des | crintian of the property or | ad line on Current v | alua af tha | Amount of the | 0 |
| | cription of the property ar A/B that lists this proper | | alue of the ou own | exemption you claim | Specific laws that allow exemption |
| | | Copy the v | value from | Check only one box | |
| CA | 45 Daminan Distan Duni | Schedule . | A/B | for each exemption | |
| Brief | 45 Harrison Ridge Blvd. | , · | 369,400.00 | FT- 10.000.00 | Ind. Code Ann. § 34-55-10-2 (c)(1) |
| description: | | \$ | 300,400.00 | ₽ \$ 19,300.00 | |
| Line from | | | | 100% of fair market value, up t any applicable statutory limit | 0 |
| Schedule A/B: | | | | | |
| Brief | ousehold goods - Household g | | 3,335.00 | [7] a 8 335 00 | Ind. Code Ann. § 34-55-10-2 (c)(2) |
| description: | | \$ <u>-</u> | 7,000.00 | \$ 8,335.00 ☐ 100% of fair market value, up t | • |
| Line from | | | | any applicable statutory limit | 0 |
| Schedule A/B: | 6 ectronics - Televisions, DVDs, | Radios Projector | | | Ind. Code Ann. § 34-55-10-2 (c)(2) |
| Dilei Co | mnuters & Tablets Printer R | ecord Player & | 2,540.00 | ₽ \$ 1,915.00 | ind. Odde Aim. § 34-33-10-2 (c)(2) |
| docompacin. All | bums, Cell Phones, DVD Play | ars | | 100% of fair market value, up t | o |
| Line from | | | | any applicable statutory limit | |
| Schedule A/B: | 7 | | | | |
| | aiming a homestead exe | - | • | | |
| (Subject to | adjustment on 4/01/19 an | d every 3 years after t | hat for cases file | ed on or after the date of adjustment | .) |
| ✓ No | | | | | |
| Yes. Di | d you acquire the property | covered by the exem | ption within 1,21 | 5 days before you filed this case? | |
| ☐ No |) | | | | |

☐ Yes

| Johnny | Darrell | Lorick | |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |

Case number (if known) 19-00252-JJG-13

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|--|-------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Cash (Cash On Hand) Brief | 40.00 | | Ind. Code Ann. § 34-55-10-2 (c)(3) |
| description: | \$ <u>10.00</u> | \$ 10.00 | |
| Line from Schedule A/B: 16 | | 100% of fair market value, up to any applicable statutory limit | , |
| Brief Mass Mutual Federal Credit Union (#3138) (Checking | | — | ind. Code Ann. § 34-55-10-2 (c)(3) |
| description: | \$ <u>1,200.00</u> | \$ 390.00 100% of fair market value, up to | |
| Line from Schedule A/B: 17.1 | | any applicable statutory limit | |
| (#1494) (Other) | * | | Ind. Code Ann. § 34-55-10-2 (c)(7); |
| description: | \$483.00 | _ \$ <u>483.00</u> | Ind. Code Ann. § 34-55-10-2 (c)(8) |
| Line from Schedule A/B: 17.6 | | 100% of fair market value, up to any applicable statutory limit | |
| Mass Mutual Brief | | | Ind. Code Ann. § 34-55-10-2 (c)(6) |
| description: | \$ <u>7,000.00</u> | \$ 7,000.00 | |
| Line from Schedule A/B: 21 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief | | | |
| description: | \$ | \$ \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | |
| Brief description: | \$ | | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | □\$ | |
| description. | | 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | |
| Brief | \$ | П | |
| description: | Φ | 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief | ¢ | Π¢ | |
| description: | Ψ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | arry аррисавіе statutory iimit | |
| Brief description: | \$ | | |
| · | | 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | |

| Debtor 2 Johnny Darrell Lorick Total team Aless Nove List | Fill in this information to identify your ca | Se: | | | |
|---|--|--|--|--|--|
| Test test Mode Name Leafnum | Dohter 1 Johnny Darrell Lorick | 25 Congression of Marie Congress of Association (Marie Congress) | | | |
| United States Bankrustey Count for their Southern District of Indiana State States Bankrustey Count for their Southern District of Indiana States Bankrustey Count for their Southern District of Indiana States 19-002628-JUS-13 19-002628-JUS-13 Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing logether, both are equally responsible for supplying correct information, five more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). Obs. price State | | Name Last Name | | | |
| Check if this is an amended filing Check if this is an amended filing | | Name Last Name | | | |
| Check if this is an amended filing Check if this is an amended filing | United States Bankruptcy Court for the: Southern | District of Indiana | | | |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, with your main and case number (if known). 1. Do any creditors have claims secured by your property? 1. Do any creditors have claims secured by your property? 1. Do any creditors have claims secured by your property? 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one usefulor has a particular claim, list the creditor separately for each claim. If more than one usefulor has a particular claim, list the creditor series. Amount of claim for a cash claim. If more than one usefulor has a particular claim, list the creditor series. Amount of claim for each claim. If more than one usefulor has a pasticular claim, list the creditor series. Amount of claim for each claim. If more than one usefulor has page to the creditor series. Amount of claim for each claim. If more than one usefulor has page to the creditor series. Amount of claim for each claim. If more than one usefulor has page to the creditor series. Amount of claim for each claim. If more than one usefulor has page to the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the creditor series. If the creditor series have a collection by the c | | | | ,,,,,,,,,,,,, | |
| Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more passes is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. | | | | | |
| Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part III List All Secured Claims Yes, Fill all all of the information below. Part III List All Secured Claims far creditor has a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the bother creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor and particular claim. If wore than one creditor has a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor separately on each claim. If more than one creditor has a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor separately claim and the information of the count of the c | | | | ameno | iea tiling |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below. Port 1: List All Secured Claims | Official Form 106D | | | | |
| Information. If more space is needed, copy the Additional Page, fill if out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? □ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. □ Yes, Fill in all of the information below. PORT I I List All Secured Claims □ Yes, Fill in all of the information below. PORT I I List All Secured Claims □ Yes, Fill in all of the information below. PORT I I List All Secured Claims □ Colonial National Mortgage □ Colonial National Mortgage □ Describe the property that secures the claim: sports that supports that sup | Schedule D: Creditor | s Who Have Claims Secure | ed by Pro | perty | 12/15 |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below. | information. If more space is needed, cop | y the Additional Page, fill it out, number the entries, | qually responsible and attach it to this | for supplying corrects form. On the top o | et f any |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below. | Do any creditors have claims secured by | ov your property? | | | |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one oreditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2. Colonial National Mortgage Describe the property that secures the claim: Describe the property that secures the claim is: Check all that apply. Destror 2 only Destror 1 only Destror 2 only Destror 2 only Destror 3 only 1 only | | | ng else to report on | this form. | |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Colonial National Mortgage Describe the property that secures the claims: \$194,929.64 \$369,400.00 \$0.00 | Yes. Fill in all of the information below. | | | | |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Colonial National Mortgage Describe the property that secures the claims: \$194,929.64 \$369,400.00 \$0.00 | Part 1: List All Secured Claims | | | | |
| for each claim. If more than one creditor has a particular claim, list the other creditor's name. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Colonial National Mortgage Describe the property that secures the claim: \$194,929.64 \$369,400.00 \$0.00 | | | Column A | Column B | Column C |
| As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Colonial National Mortgage | | | | | |
| Creditor's Name a Division of Colonial Savings, FA Number Street PO Box 2988 Fort Worth TX 76113 City Siate ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only As a greement you made (such as mortgage or secured car loan) Statutory lien (including a right to offset) Last 4 digits of account number 4101 Describe the property that secures the claim: \$1,586.53 \$369,400.00 \$0.00 \$0.00 \$ | | | | | |
| As of the date you file, the claim is: Check all that apply. Fort Worth TX 76113 City State ZiP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Association, Inc. Creditor's Name C/O Gemini Management, Inc. Number Street 9111 Crawfordsville Road Indianapolis IN 46234 City State ZiP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Association, Inc. Creditor's Name C/O Gemini Management, Inc. Number Street 9111 Crawfordsville Road Indianapolis IN 46234 City State ZiP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured carlos) Statutory lien (such as tax lien, mechanic's lien) Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Dispute As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Unliquidated Dispute As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Dispute As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Dispute As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Dispute As of the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car losn) Statutory lien (such as tax lien, mechanic's lien) Statutory lien (such as tax lien, mechanic's lien) Under (including a right to offset) Last 4 digits of account number 1320 | 2.1 Colonial National Mortgage | Describe the property that secures the claim: | _{\$} 194,929.64 | \$ 369,400.00 | \$ 0.00 |
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| City | Fort Worth TX 76113 | | | | |
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| community debt Date debt was incurred 2018 Other (including a right to offset) Last 4 digits of account number 1320 | ☐ Check if this claim relates to a | Judgment lien from a lawsuit | | | |
| | community dobt | | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$196,516.17 | | | s 196.516 17 | | |

Johnny Darrell Lorick Case number (if known) 19-00252-JJG-13 Debtor 1 Last Name Column A Column B Column C Additional Page Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them beginning with 2.3, followed that supports this portion Do not deduct the by 2.4, and so forth. claim value of collateral. If any 2.3 \$ 29,000.00 Indiana Housing & Community 369,400.00 \$ 0.00 Describe the property that secures the claim: Development Authority 6445 Harrison Ridge Blvd., Indianapolis, IN 46236 - \$369,400.00 Creditor's Name 30 S. Meridian Street Number Street Suite 1000 As of the date you file, the claim is: Check all that apply. 46204 Indianapolis ☐ Contingent ZIP Code Unliquidated Who owes the debt? Check one. Disputed Debtor 1 only Nature of lien. Check all that apply. Debtor 2 only An agreement you made (such as mortgage or secured Debtor 1 and Debtor 2 only car loan) At least one of the debtors and another Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Check if this claim relates to a community debt ☐ Other (including a right to offset) Date debt was incurred 2014 Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated State Who owes the debt? Check one. Disputed Debtor 1 only Nature of lien. Check all that apply. Debtor 2 only An agreement you made (such as mortgage or secured Debtor 1 and Debtor 2 only car loan) At least one of the debtors and another ☐ Statutory lien (such as tax lien, mechanic's lien) Check if this claim relates to a community debt Judgment lien from a lawsuit Other (including a right to offset) Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Unliquidated Who owes the debt? Check one. Disputed Debtor 1 only Nature of lien. Check all that apply. Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) At least one of the debtors and another Statutory lien (such as tax lien, mechanic's lien) Check if this claim relates to a Judgment lien from a lawsuit community debt Other (including a right to offset) Last 4 digits of account number Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: 29,000.00 If this is the last page of your form, add the dollar value totals from all pages. 225.516.17 Write that number here:

| lohnny Da | arrell Lorick | | |
|------------|---------------|-----------|--|
| First Name | Middle Name | Last Namo | |

Case number (if known) 19-00252-JJG-13

| jency is trying to collect from you for a d | ebt you owe t f the debts tha | o someone else, list i at vou listed in Part 1. | r a debt that you already listed in Part 1. For example, if a collection the creditor in Part 1, and then list the collection agency here. Similarl list the additional creditors here. If you do not have additional person |
|---|--|--|--|
| Aftin R. Brown | | | On which line in Part 1 did you enter the creditor? 2.1 |
| Name | | | Last 4 digits of account number |
| 1111 E. 54th Street | | | - |
| Street Suite 144 | | | _ |
| Indianapolis | IN | 46220 | |
| City | State | ZIP Code | |
| Automotive Finance Corporation | 中气物 高色化水流流离影 化抗冷水溶解解冷静等原则 使加强的现在分词 | CERTIFICAÇÃO DE SERVICIO DE CARROL CARROL PARA PARA PARA PARA PARA PARA PARA PAR | On which line in Part 1 did you enter the creditor? 2.1 |
| Name | | | Last 4 digits of account number |
| Attn; Frances C. York | | | |
| Street | · · · · · · · · · · · · · · · · · · · | | - |
| 13085 Hamilton Crossing Blvd., Suite 3 | 00 | | _ |
| Carmel | IN | 46032 | _ |
| City | State | ZIP Code | |
| East Campus Surgery Center, LLC | fille de statter i mission mass de limites politica provincia | NO PROVINCE ELECTRICAL CONTRACTOR | On which line in Part 1 did you enter the creditor? 2.1 |
| Name | | | Last 4 digits of account number |
| fka Indiana Surgery Center East, Klein | | | |
| Street | | | |
| 6626 E. 75th Street, Suite 200 | | | |
| Indianapolis | IN | 46250 | _ |
| City | State | ZIP Code | _ |
| Indiana Housing & Community Develop | ment Authority | kilok bil de sellikilore tesse om etkise semi odstreste mesjon krija se este erinda biloka, varam | On which line in Part 1 did you enter the creditor? 2.1 |
| Name | | , | Last 4 digits of account number |
| 30 S. Meridian Street | | | • |
| Street | ······································ | | |
| Suite 1000 | | | |
| Indianapolis | IN | 46204 | - |
| City | State | ZIP Code | - |
| Joel Bornkamp | ta Nach Antonio (Normalise de Mario Antonio Atlantica (Normalise de Antonio Atlantica (Normalise de Antonio At | fertimentalis vitalani vitali indi ombife sombini mishi kebil debesi vitikile | On which line in Part 1 did you enter the creditor? 2.1 |
| Name | | | Last 4 digits of account number |

| City | State | ZIP Code | | | |
|------------------------------|---|--|--|--|--|
| Law Office of Chad Dickerson | of the Malaure of Staff in the months increased many to the property of the color of the staff in the | SS Europe and Marie and Annie (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (19 | | | |
| Name | | | | | |
| 320 North Meridian Street | | | | | |
| Street | | | | | |
| Suite 1022 | | | | | |
| Indianapolis | IN | 46204 | | | |
| City | State | ZIP Code | | | |

ОН

45227

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number

Street

Cincinnati

3962 Red Bank Road

Johnny Darrell Lorick

First Name Middle Name Last Name

Case number (# known) 19-00252-JJG-13

| P | art 2: List Others to Be Notified | for a Deb | ot That You Aiready | / Listed |
|----------|---|--|--|---|
| ag ye | gency is trying to collect from you for a del | ot you owe he debts th | to someone else, list th at you listed in Part 1, l | a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to |
| | Mei Hsiang Lorick | | | On which line in Part 1 did you enter the creditor? 2.1 |
| L | Name | | 1 | Last 4 digits of account number |
| | 6355 Brixton Lane | | | · |
| | Street | | | |
| | Indianapolis | IN | 46220 | - |
| | City | State | ZIP Code | - |
| | Nicholas Charles Huang | (1) 1995 · · · · · · · · · · · · · · · · · · | A DONN A ANDROGRAFIA STABILING (AND SOME) AND | On which line in Part 1 did you enter the creditor? 2.1 |
| | Name | | | Last 4 digits of account number |
| | 10 W. Market Street | | | |
| | Street Suite 700 | | | |
| | Indianapolis | IN | 46204 | - |
| | City | State | ZIP Code | - |
| | Northwest Title Family of Companies | Contrive CONTRIBUTE CONTRIBUTE SIDE, SPECIAL | Special Indiagers with "Colore and an Worker Prop Prop - painted distribution (II) 1949, when | On which line in Part 1 did you enter the creditor? 2.1 |
| | Name | | | Last 4 digits of account number |
| | 7265 Kenwood Road | | | |
| | Street | | | |
| | WWW | | | |
| | Cincinnati | ОН | 45236 | |
| | City | State | ZIP Code | |
| | State of Indiana Attorney General | | | On which line in Part 1 did you enter the creditor? 2.1 |
| | Name | | | Last 4 digits of account number |
| | c/o Highest Executive Officer Present Street | | | |
| | 302 West Washington Street, South 5th F | loor | | |
| | | | 46204 | |
| | City | State | ZIP Code | |
| | State of Indiana Department of Revenue | , and againg groups and a place comit decrease | Abertumentu iliji. Ai ilisaliji eliku aliki la Perdaji shiran urahan jeliliyan pergangi yihi ji njejenhiliyaha | On which line in Part 1 did you enter the creditor? 2.1 |
| | Name | | | Last 4 digits of account number |
| | c/o Highest Executive Officer Present | | | |
| | Street 100 N. Senate N 105 | | | |
| | Indianapolis | IN | 46204 | |
| | City | State | ZIP Code | |
| | Thrasher Buschmann & Voelkel, P.C. | e-r -c-/-implementation-frame -library in | vi dr de delet "Petr devis", "Sobil Redleteldopsis, 31°26 (2000) avantistississississississississis | On which line in Part 1 did you enter the creditor? 2.2 |
| | Name | | · · · · · · · · · · · · · · · · · · · | Last 4 digits of account number |
| | 151 N. Delaware Steet | | | |
| | Street | | | |
| | Suite 1900 | | | |
| | Indianapolis | IN | 46204 | |
| | City | State | ZIP Code | |

| ſ | Fill in this in | nformation to identif | y your case: | | | | | | |
|---------------------------------|---|---|--|---|--|---|---|--|--|
| | Debtor 1 | Johnny Darrell Lorick | | | | | | | |
| ' | Jebior i | First Name | Middle Name | L | ast Name | | | | |
| | Debtor 2 Spouse, if filing) | First Name | Middle Name | L | ast Name | | | | |
| ١, | Inited States F | Bankruptcy Court for the: | Southern Dietriet | of Indiana | | | | | |
| | Case number | 19-00252-JJG-13 | Southern District | or morana | | | | | eck if this is an ended filing |
| L | | | | | | | | | Ū |
| | | form 106E/F | _ | Who U | ovo Unoog | urad Claim | | | |
| <u> </u> | Cheat | ne E/F: Cre | ealtors | wno ria | ave Unsec | ured Clair | ns | | 12/15 |
| Lis A/I cre nec any | st the other B: Property editors with eded, copy y additional | party to any execute (Official Form 106A) partially secured cla | ory contracts or (B) and on Sche aims that are lis ill it out, number ame and case n | unexpired le edule G: Exec sted in Sched or the entries in number (if kno | eases that could rest cutory Contracts and lule D: Creditors Wh in the boxes on the | claims and Part 2 for ult in a claim. Also li I Unexpired Leases (o Have Claims Secu. left. Attach the Conti | st executory of Official Form red by Proper | contracts on 106G). Do no ty. If more sp | <i>Schedule</i> t include any ace is |
| 1. | Do any cre | ditors have priority to Part 2. | unsecured clain | ms against yo | ou? | | | | |
| | Yes. | | | | | | | | |
| 2. | each claim nonpriority a unsecured of | listed, identify what ty amounts. As much as claims, fill out the Cor | rpe of claim it is. I possible, list the ntinuation Page o | If a claim has claims in alpl of Part 1. If mo | both priority and non habetical order accord ore than one creditor h | unsecured claim, list to priority amounts, list the ding to the creditor's n oolds a particular claim | at claim here a ame. If you ha | and show both ve more than | priority and two priority |
| | (For an exp | lanation of each type | of claim, see the | instructions for | or this form in the inst | ruction booklet.) | Total claim | Priority | Nonpriority |
| | ndiana D | epartment of Revenu | е | | | | · Court | amount | amount |
| 2.1 | Ī | • | | l aet 4 dia | its of account numbe | | _{\$} 613.28 | \$ 0.00 | _{\$} 613.28 |
| | Priority Credit | | | _ | | | * | ¥ | |
| | 100 N. Se | enate Street | | When was | s the debt incurred? | 2014 | | | |
| | | 03 - Bankruptcy | | _ As of the | date you file, the clair | n is: Check all that apply | <i>'</i> . | | |
| | Indianapo | | 46204 | _ Conting | - | | | | |
| | City | State | ZIP Code | Unliquid | dated | | | | |
| | | red the debt? Check o | ne. | ☐ Dispute | | | | | |
| | Debtor 2 | | | | RIORITY unsecured | claim: | | | |
| | | 2 only 1 and Debtor 2 only | | | tic support obligations | | | | |
| | | one of the debtors and a | nother | | and certain other debts y | - | | | |
| | | | | | for death or personal inju | ıry while you were | | | |
| | LLI Check | if this claim is for a co | ommunity debt | intoxica Other. § | | | | | |
| | ✓ No | n subject to offset? | | Omer. | эреспу | | | | |
| 2.2 | Internal R | Revenue Service | e de la companya | Last A diair | its of account number | heli iri ili ili ili ili ili ili ili ili i | \$2,740.25 | \$ 0.00 | \$2,740.25 |
| | | · · · · · · · · · · · · · · · · · · · | | _ | | | \$2,740.25 | \$0.00 | \$2,740.25 |
| | Priority Credit | tor's Name kruptcy Department | | When was | the debt incurred? | 2014 | | | |
| | Number | Street | | - As of the d | date you file, the clain | is: Check all that apply | | | |
| | PO Box 7 | 7346 | | - Conting | - | | | | |
| | Philadelpl | hia PA | 19101 | Unliquid | | | | | |
| | City | State | ZIP Code | Dispute | | | | | |
| | Who incur | red the debt? Check o | ne. | • | | | | | |
| | Debtor 1 Debtor 2 | • | | | RIORITY unsecured | ciaim: | | | |
| | p | and Debtor 2 only | | | ic support obligations | | | | |
| | | one of the debtors and a | nother | | and certain other debts yo | | | | |
| | | if this claim is for a co | | Claims f intoxicat | for death or personal inju ted | ry while you were | | | |
| | | | minumity dept | Other, S | | | | | |
| | Is the clain ✓ No Yes | n subject to offset? | | - 4107 | | | | | |

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Debtor 1 Johnny Darrell Lorick
First Name Middle Name Last Name

Last Name Last Name

Last Name

Last Name

Last Name

Last Name

Last Name

| r listing any entries on this page, number ther | m beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|---|--|---|---|--|
| Oregon Department of Revenue | Last 4 digits of account number | \$ <u>236.80</u> | <u>\$ 227.10</u> | \$ 9.70 |
| Priority Creditor's Name 955 Center Street NE | When was the debt incurred? 2014 | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | - Contingent | | | |
| Salem OR 97301 | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim: Domestic support obligations | | | |
| Debtor 1 only | ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government | | | |
| Debtor 2 only | Claims for death or personal injury while you were | | | |
| Debtor 1 and Debtor 2 only | intoxicated | | | |
| At least one of the debtors and another | U Other, Specify | | | |
| Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | | | |
| No | | | | |
| Yes | | NEW CONTRACTOR OF THE STATE OF | | |
| | Last 4 digits of account number | \$ | \$ | \$ |
| ~ | When was the debt incurred? | | | |
| Priority Creditor's Name | | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| · | Type of PRIORITY unsecured claim: | | | |
| Who incurred the debt? Check one. Debtor 1 only | Domestic support obligations | | | |
| Debtor 1 only Debtor 2 only | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | | |
| Debtor 1 and Debtor 2 only | intoxicated | | | |
| At least one of the debtors and another | Other. Specify | | | |
| Check if this claim is for a community debt | | | | |
| s the claim subject to offset? | | | | |
| No | | | | |
| Yes | 1000000000000000000000000000000000000 | | neid medit dels and interess decided a consequence and a control of the district of the control | chind blockers in a contration of the contration |
| | Last 4 digits of account number | \$ | \$ | \$ |
| Priority Creditor's Name | When was the debt incurred? | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| | Type of PRIORITY unsecured claim: | | | |
| Who incurred the debt? Check one. | Domestic support obligations | | | |
| Debtor 1 only | Taxes and certain other debts you owe the government | | | |
| Debtor 2 only | Claims for death or personal injury while you were intoxicated | | | |
| Debtor 1 and Debtor 2 only | Other. Specify | | | |
| At least one of the debtors and another | | | | |
| 7 | | | | |
| Check if this claim is for a community debt | | | | access and a |
| ☐Check if this claim is for a community debt s the claim subject to offset? ☐No | | | | nonauseenvyjittäa |

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| | | | | 3 |
|----------|-----------------------|-------------|------------------------|--------------------------|
| Debtor 1 | Johnny Darrell Lorick | | | Case number (# known) |
| | First Name | Middle Name | Last Name | Odde Humber (ii kilowii) |
| Part 2: | List All of | Your NONPRI | ORITY Unsecured Claims | |
| | | | | |

| Fa | List All of Your NONPRIORI | TYUr | secured Claims | | | |
|-----|--|-------------------------------------|--|---|--|--|
| 3. | Do any creditors have nonpriority unse | cured | claims against vou | 1? | | |
| | No. You have nothing to report in this | | | | | |
| | ☑ Yes | par. 0 | | o ocurt with your office concautes. | | |
| 4. | List all of your nonpriority unsecured c nonpriority unsecured claim, list the credit included in Part 1. If more than one credit claims fill out the Continuation Page of Pa | or sepa or hold: | rately for each clain | order of the creditor who holds enter of the creditor who holds enter of the creditor who had been detailed as the creditor who holds enter the creditor who had a creditor who holds enter the creditor who had a creditor who holds enter the creditor who had a creditor who holds enter the creditor who holds enter the creditor who had a creditor whold who had a creditor | at type of claim it is. Do no | s more than one t list claims already |
| | CitiCards CBNA | | | | | Total claim |
| 4.1 | | | | Last 4 digits of account number | 5156 | _{\$} 478.85 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 1998 | <u> </u> |
| | PO Box 6217 | | | | | |
| | Number Street | | | | | |
| | 0. 5. | | | As of the date you file, the claim | is: Check all that apply. | |
| | | tate | 57117 | Contingent | | |
| | · | tate | ZIP Code | Unliquidated | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | |
| | At least one of the debtors and another | | | Obligations arising out of a separathat you did not report as priority | | 100 |
| | ☐ Check if this claim is for a community | debt / | | Debts to pension or profit-sharing | plans, and other similar debts | TO THE PARTY OF TH |
| | Is the claim subject to offset? | | | Other Specify Credit Card Deb | ot . | L Verrenzamental |
| | ☑ No | | | | | verment() ************************************ |
| | └──Yes Community Health Network | FEMALUM CEMBER - NEVERONGE | | | ************************************** | \$3,817.00 |
| .2 | Community Floams Floams | | | Last 4 digits of account number | | \$3,017.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | <u> 2017 - 2018</u> | |
| | 7250 Clearvista Drive | | | | | omatery of the |
| | Number Street | | | As of the date you file, the claim | is: Check all that apply. | Action |
| | Indianapolis IN | | 46256 | Contingent | | W (Mark) |
| | City Sta | ate | ZIP Code | Unliquidated | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | |
| | ☐ Debtor 1 and Debtor 2 only | | | Student loans | | |
| | ☐ At least one of the debtors and another | | | Obligations arising out of a separa that you did not report as priority of | | |
| | ☐ Check if this claim is for a community | deht | | Debts to pension or profit-sharing | | |
| | • | debt | | Other. Specify Medical Services | 5 | |
| | Is the claim subject to offset? | | | | | T description |
| | Yes | | | | | the order of America |
| .3 | Decatur Township Fire Department | delan in externitation contract (in | IN CARRIES AND COMMUNICATION CONTRACTOR OF THE PROPERTY THREE THRE | XXII У ТЭКК МУКИТ НАК ИН-ИСКИТИ ОТ ИН ОТ ИТ | ORTHON PROCESS AND REPORT AND THE STATE OF THE AND | erane notat e elementario a semboli e elementario dell'enerant dell'enerant dell'enerant semble e esti dell'es |
| | | | | Last 4 digits of account number | 0016 | \$ <u>2,392.00</u> |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 2016 | orne volumery |
| | 5410 S. High School Road Number Street | | | | | a decimal of the second of the |
| | Number Street | | | As of the date you file, the claim i | s: Check all that apply. | consistence of the |
| | Indianapolis IN | | 46221 | ☐ Contingent | | Act states Associated |
| | City Sta Who incurred the debt? Check one. | te | ZIP Code | Unliquidated | | WALKE WATER |
| | Debtor 1 only | | | ☐ Disputed | | ALLO PROPERTY. |
| | Debtor 2 only | | | Type of NONPRIORITY unsecur | ed claim: | opp Ahaaa |
| | Debtor 1 and Debtor 2 only | | | Student loans | | 1 |
| | At least one of the debtors and another | | | Obligations arising out of a separat | | 1000 to the state of the state |
| | ☐ Check if this claim is for a community | debt | | that you did not report as priority of Debts to pension or profit-sharing | | оттогована стору |
| | Is the claim subject to offset? | | | Other. Specify Medical Services | | |
| | No | | | | | |
| | Yes | | | | | THE STATE OF THE S |
| | X 1.40° (| | | | · · · · · · · · · · · · · · · · · · · | |

| . | Johnny Darrell Lorick | | | | 19-00252-JJG-13 | |
|-------------------------------|--|--|---|--|--|--|
| Debtor 1 | First Name Middle Name | Last Nar | me | Case number (| f known) | |
| Part 2: | List All of Your NONPRIO | ORITY Ur | secured Claims | \$ | | |
| 9966887.034 | | | | | | |
| | | his part. S | ubmit this form to the | he court with your other schedules. | | |
| nonprior included | of your nonpriority unsecured ity unsecured claim, list the cre | d claims i editor sepa editor holds | n the alphabetical rately for each clai | l order of the creditor who holds m. For each claim listed, identify what is the other creditors in Part 3.If y | each claim. If a creditor ha nat type of claim it is. Do no | s more than one It list claims alread |
| 4 IU Hea | alth | | | | | Total claim |
| <u>'</u> | ity Creditor's Name | | | _ Last 4 digits of account number | Mult | _{\$} 605.00 |
| • | ox 4374 | | | When was the debt incurred? | 2016 | Ψ |
| Number | Street | | | • | | |
| Chi | | | 00000 | As of the date you file, the clain | is: Check all that apply. | |
| Chicag City | 10 | IL State | 60680 ZIP Code | Contingent | | |
| • | | State | Zir Code | Unliquidated | | |
| | curred the debt? Check one. | | | ☐ Disputed | | |
| | otor 1 only | | | Type of NONPRIORITY unsec | ured claim: | |
| | otor 2 only | | | ☐ Student loans | | |
| | otor 1 and Debtor 2 only | | | Obligations arising out of a sepa | ration agreement or divorce | |
| At le | east one of the debtors and another | | | that you did not report as priority | claims | |
| ☐ Che | eck if this claim is for a commu | inity debt | | □ Debts to pension or profit-sharin ☑ Other. Specify Medical Service | | |
| | claim subject to offset? | | | Carlott Opcomy | | |
| ✓ No | | | | | | |
| Yes | a Nephrology & Intern | KALI MARKILI SINGA PINI INI KANDA SINDO MARKIN | nivedición mand in cuntercelo ed acción inicia e a rédicación demandem actos ed secennole de mente accument | t normal behavakkussuudekku võnskoritonskoritonskoritonse eta täivetessäänsiääken olijaa sustemalikaa vastasakten yöstessäänsyyttäävi yhdyös settemalikaa ka | E Nikola) rememberal seva hara zasion etnetrate dalla sevano has Nikola) rememberal sevano (nikola) re | onto the contract of the contr |
| 5 Indiana | a Nephrology & Intern | | | Last 4 digits of account number | | \$ <u>207.00</u> |
| Nonpriori ² | ty Creditor's Name | | · · · · · · · · · · · · · · · · · · · | - When was the debt incurred? | 2017 | |
| | N. Meridian Street | | | | | |
| Number #200 | Street | | | As of the date you file, the claim | is: Check all that apply. | |
| Indiana | anolis | IN | 46260 | Contingent | | |
| City | 3p0ii3 | State | ZIP Code | ☐ Unliquidated | | |
| | curred the debt? Check one. | | | ☐ Disputed | | |
| | | | | Type of NONPRIORITY unsecu | ıred claim: | |
| ✓ Debt | | | | | | |
| ☑ Debt | • | | | I Student loans | | |
| ☑ Debt | tor 1 and Debtor 2 only | | | ☐ Student loans ☐ Obligations arising out of a separ | ration agreement or divorce | |
| ☑ Debt | • | | | Student loansObligations arising out of a separ that you did not report as priority | | |
| ☑ Debt ☐ Debt ☐ Debt ☐ At lea | tor 1 and Debtor 2 only | nity debt | | Obligations arising out of a separ | claims g plans, and other similar debts | |

| | Yes | CANANT RECOVERED THE SERVICE COMMERCIAL PROPERTY OF | | ing arrangement |
|---|--|--|----------|-----------------|
| 6 | Medical Associates, LLP | | | |
| | Nonpriority Creditor's Name | | | |
| | PO Box 6276 | | | |
| | Number Street Dept. 20 | | ···· | |
| | Indianapolis | IN | 46206 | |
| | City Who incurred the debt? Check one. | State | ZIP Code | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | | |
| | Debtor 1 and Debtor 2 only | | | |

As of the date you file, the claim is: Check all that apply.

2017

Contingent

| Tvr | ne of NONPRIORITY unsecured |
|-----|-----------------------------|
| | Disputed |
| ш | Unliquidated |

Last 4 digits of account number Mult

When was the debt incurred?

| Type of NONPRIORITY | unsecured claim: |
|---------------------|------------------|
| | |

| Student loans |
|--|
| Obligations arising out of a separation agreement or divorce |
| that you did not report as priority claims |
| Debts to pension or profit-sharing plans, and other similar de |

| ~ | No | |
|---|-----|--|
| | Yes | |

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

✓ No

\$2,209.00

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| Debtor | 1 |
|--------|---|

Johnny Darrell Lorick

| First Name | Middle Name |
|------------|-------------|

Last Name

Case number (if known) 19-00252-JJG-13

| Part 2: List All of Your NONPRIORITY Unsecured Claims | | | | | |
|---|---|--|---|---|--|
| 3. | Do any creditors have nonpriority u No. You have nothing to report in t Yes | | • | you? o the court with your other schedules. | |
| 4. | nonpriority unsecured claim, list the cre | editor sepa editor hold | arately for each o | cal order of the creditor who holds each claim. If a creditor haclaim. For each claim listed, identify what type of claim it is. Do no im, list the other creditors in Part 3.If you have more than three n | ot list claims already |
| Table Bassade - Makel | | | | | Total claim |
| 4.7 | National Tire & BT/CBNA | | | Last A divita of account number | (Stat State) |
| | Nonpriority Creditor's Name | | | Last 4 digits of account number | \$ <u>652.00</u> |
| | PO Box 6497 Number Street | | | When was the debt incurred? 2012 | |
| | Number Street | | | | |
| | Sioux Falls | SD | 57117 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| İ | Debtor 1 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | | Student loans | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce | |
| 3 | - | | | that you did not report as priority claims | |
| | ☐ Check if this claim is for a commu | nity debt | | □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card Debt | i |
| | Is the claim subject to offset? | | | | |
| i | ✓ No Yes | | | | |
| 4.8 | Navient Corporation | KONTONIAN-PARKA-CONST-NJORGH ALARDONNA A | | Last 4 digits of account number 9188 | \$13,011.00 |
| L | Nonpriority Creditor's Name | | *** | — When was the debt incurred? 2005 | ¥ |
| | 11100 USA Parkway | | | | |
| | Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| | | | *************************************** | · · · · | |
| | | | 46037 | ☐ Contingent ☐ Unliquidated | |
| and other a | City Who incurred the debt? Check one. | State | ZIP Code | ☐ Onliquidated ☐ Disputed | |
| | Debtor 1 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | | Student loans | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce | |
| | | | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim is for a commun | nity debt | | Other. Specify | |
| | Is the claim subject to offset? | | | <u> </u> | |
| | ✓ No Yes | | | | |
| 4.9 | Northwest Radiology | | commission and magnifest state of the state | Last 4 digits of account number 7388 | |
| | | | | | \$ <u>156.47</u> |
| | Nonpriority Creditor's Name 10603 N. Meridian Street | | | When was the debt incurred? 2018 | rest. Adoptive (C |
| | Number Street | | | | Milaserore |
| | | | | As of the date you file, the claim is: Check all that apply. | 0077784 |
| | Indianapolis | IN | 46290 | ☐ Contingent | D) Octobromento |
| | Who incurred the debt? Check one. | State | ZIP Code | Unliquidated | C-Por- |
| | Debtor 1 only | | | ☐ Disputed | To respond to the first to the |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | a i f |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | - Control of the Cont |
| | Check if this claim is for a commun | ity debt | | Debts to pension or profit-sharing plans, and other similar debts | William and the |
| | Is the claim subject to offset? | | | Other, Specify Medical Services | anous control of the second |
| | No | | | | de (pl.) consequent |
| | Yes | | | | |

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| Debtor | 1 |
|--------|---|

| Johnny Darrell | Lorick |
|----------------|--------|
|----------------|--------|

First Name Middle Name Last Name

Case number (if known) 19-00252-JJG-13

| Pai | rt 2: List All of Your NONPRIC | ORITY U | nsecured Claim | s | | |
|--------|---|-----------------------------------|---|---|---|--|
| 3. | Do any creditors have nonpriority u | | | | | |
| | No. You have nothing to report in Yes | this part. S | Submit this form to t | he court with your other schedules. | | |
| r i | List all of your nonpriority unsecure nonpriority unsecured claim, list the creduded in Part 1. If more than one creduded in the Continuation Page of | editor sep editor hold | arately for each clai | m, For each claim listed, identify wh | at type of claim it is. Do no | t list claims already |
| | · | iraitz. | | | | Total claim |
| 4.10 | Radiology of Indiana | | | _ Last 4 digits of account number | 3630 | _{\$} 91.07 |
| | Nonpriority Creditor's Name 7340 Shadeland Station | | | When was the debt incurred? | 2017 | \$ 01.07 |
| | Number Street | | | | | |
| | | | | | See Ob a death at the see and | |
| | Indianapolis | IN | 46256 | As of the date you file, the claim | is: Check all that apply. | |
| | City | State | ZIP Code | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. | | | Disputed | | |
| | Debtor 1 only | | | Type of NONPRIORITY unsecu | red claim: | |
| | Debtor 2 only | | | Student loans | irod olaiini | |
| | Debtor 1 and Debtor 2 only | | | Obligations arising out of a separ | ation agreement or divorce | |
| | At least one of the debtors and anothe | r | | that you did not report as priority | | |
| | ☐ Check if this claim is for a commi | unity debt | | Debts to pension or profit-sharing | | |
| | Is the claim subject to offset? | | | Other, Specify Medical Service | es | |
| | ✓ No Yes | | | | | |
| 1.11 | St. Vincent Medical Group | | our residence en tratación de desección reservables en entratación de se transporte establismo de como de secu | Last 4 digits of account number | mult | \$2,280.68 |
| | | | | - When was the debt incurred? | 2017 | T |
| | Nonpriority Creditor's Name 310 Medical Drive | | | | | |
| | Number Street | | | | | |
| | #101 | | | As of the date you file, the claim | is: Check all that apply. | |
| | Carmel | IN | 46032 | Contingent | | |
| | City | State | ZIP Code | ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only | | | Type of NONPRIORITY unsecu | red claim: | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and another | - | | Obligations arising out of a separa | | |
| | | | | that you did not report as priority of | | |
| | Check if this claim is for a commu | inity debt | | □ Debts to pension or profit-sharing☑ Other. Specify Medical Service | | |
| | Is the claim subject to offset? | | | Other, Specify Wedical Gervice | .5 | |
| | ✓ No | | | | | |
| | Yes. | улганизункын өтү акууналыктаныкто | BATTING CHING BETTERNAM OPEN SOLEN AND CHING BETTER AND CHING AND CHING CHING CHING CHING CHING CHING CHING CHING | Last 4 digits of account number | ONE COLUMN AND AND AND AND AND AND AND AND AND AN | |
| | | | | When was the debt incurred? | | \$ |
| | Nonpriority Creditor's Name | | | when was the debt incurred? | | |
| | Number Street | | | As of the date you file, the claim | is: Check all that apply. | |
| | | | | Contingent | | |
| | City | State | ZIP Code | Unliquidated | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | ☐ Disputed | | |
| _ | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecui | red claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | AND WARPEN |
| | At least one of the debtors and another | | | Obligations arising out of a separa | tion agreement or divorce | www. |
| | | | | that you did not report as priority c | laims | Outstand |
| | Check if this claim is for a commu | nity debt | | Debts to pension or profit-sharing | plans, and other similar debts | Annual Aggregation of the Aggreg |
| - | Is the claim subject to offset? | | | Other. Specify | | Windowen |
| - | No | | | | | осоположения |
| - | Yes | | | | | |

Johnny Darrell Lorick

Middle Name

Last Name

19-00252-JJG-13 Case number (if known

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

- 6a. 0.00
- 3,590.33 6b.
- 6c. 0.00
- 6d. 0.00
- 6e. 3.590.33

Total claim

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 6f.
- 13,011.00
- 6g.
- 0.00
- 6h.
- 0.00
- 12,889.07
- 6j.
- 25,900.07

| | ill in this ir | nformation to iden | tify you | case. | | | |
|------|--|--|--|--|--|--|--|
| | | Johnny Darrell Lorick | entition (Security) | | | | |
| De | ebtor | First Name | | liddle Name | Last Name | | |
| | ebtor 2 pouse If filing) | First Name | | liddle Name | Last Name | | |
| | | | | | Last Name | | |
| | | Bankruptcy Court for t 19-00252-JJG-13 | ne Southe | ern District of Indiana | , · · · · · · | | |
| | ase number known) | 19-00252-33G-13 | | | | | Check if this is an amended filing |
| | | | | | | | • |
| Of | ficial F | Form 106G | | | | | |
| Sc | chedi | ıle G. Eve | - 2 C I I † | ory Contr | acte and | Unexpired Leases | 40/45 |
| - | | | | | | | 12/15 |
| info | rmation. If | more space is ne | eded, co | De. If two married popy the additional page as number (if known | page, fill it out, nu | gether, both are equally responsible for somber the entries, and attach it to this page | upplying correct e. On the top of any |
| 1. | - | | | cts or unexpired le | | ules. You have nothing else to report on this | form |
| | Yes. F | fill in all of the infor | mation be | elow even if the con | tracts or leases are | listed on <i>Schedule A/B: Property</i> (Official Fo | rm 106A/B). |
| 2. | List separ example, unexpired | rent, vehicle lease | or com e, cell ph | pany with whom yo none). See the instru | ou have the contructions for this form | act or lease. Then state what each contract in the instruction booklet for more examples | et or lease is for (for of executory contracts and |
| | | | | | | | |
| | Person or | company with wi | hom you | have the contract | or lease | State what the contract or lease is | for |
| 2.1 | A = = = = C = | | | | | A | |
| þ | Name | quare Management | | | | Apartment rental lease agreement Lessee | |
| | | n Street, #300 | | | | | |
| | Street West Spr | inafield | MA | 01089 | | | |
| | City | | State | ZIP Code | | | |
| 2.2 | CONTRACTOR AND AND AND AND AND AND AND AND AND AND | Pour la división de la composição de servido com propriedo de composições de la composiçõe de la composiçõe de | MMinal calify windowlike | liene vilet ven sitt ventalt klass vilate vilate vantame vantamen kan elegenfande | 980A. GREENHOUW- "Hethy" extonolorum yezhonol het 106 vo 1988 ez vitoloitese | valikui identifa filifikiriti kiriki ete elektristi. Kirike ren en iskustu kunduntanan anan de en en en en en e En en | бін білі (1 мін набынай небіт пей так же і нештенешших мешнешнешнең 1954-у інд закология |
| | Name | | | | | | |
| | Street | | *************************************** | *************************************** | 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | |
| | City | | State | ZIP Code | | | |
| 2.3 | - YEER CA TO VILLAGE CO. 20- 40- 40-0 | 66 С ⁴⁶ (1944 - 1944 — 1982 — 1982 ж. алганда алганда <u>адабрафия</u> — 1945 дород объед со 1944 — | townton -4x encous som | Constitution of the second second second second second second second second second second second second second | A SARREY ET HANDERSKA NIE SKUDWINDON, NIEMBORDERSKY IN MADERICE SKROER | COLUMN TO THE PROPERTY OF SERVICE SPECIAL SERVICE SPECIAL SERVICE SPECIAL SPEC | |
| | Name | | | | | | |
| | Street | | | | | | |
| | City | · · · · · · · · · · · · · · · · · · · | State | ZIP Code | | | |
| 2.4 | Roder (Arthur Beile (Alle Collection (Arthur Archur | 한 ~ 성천 ** ** ** ** ** ** ** ** ** ** ** ** ** | Majori (1909) o o o oli rego o gi ograzi, oggazi | e manifestation and antique of the second section of the section of the sect | Rulin 200 Billio v Shuldo chati ci bir biriyindi yingilinin ili bir biriyindi ya galariyin bir billi bir galariyin | дентольной «СС», дво «УК», «моженовый «моженовый выдачной подачной под под под под под под под под под под | Probachholasaková Andřídíh A. R. max. Nazadí skládobakováza kladobí-páju "a. A <u>rieje přivytuve</u> ", veský obliktí v |
| | Name | | | | | | |
| | Street | *************************************** | | | | | |
| | City | | State | ZIP Code | | | |
| 2.5 | - usu Alessenia en se en respectorio de la diferencia e e que e e | and the second of the second second of the second s | o der in 190 to the natural energies | | ka artingaligan migala arting tingga magalamahan langga pilipa diagopopin nasilipan saligira, di | 整型 一指 1 活 "有 3 可是 1 计 中 可可能的 中央 的 1 时 中央 2 以 2 时间 " 有 1 时 中央 2 以 2 时间 2 时间 2 时间 3 时间 3 时间 3 时间 3 时间 3 时间 | -a)-mohh, weweek-et-et-mohistisch. Werenk hilblein unstattatte, tabtetas _{et-topol} ytigig- _e -polytisch, т.с. |
| | Name | | | | * * * * * * * * * * * * * * * * * * * | | |
| | Street | | | | | | |
| | | | | | | | |

State

ZIP Code

City

| Fill in this inf | formation to identify yo | our case: | | |
|------------------------------------|---|--|--|--|
| Debtor 1 | Johnny Darrell Lorick | | | |
| _ | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States B | Bankruptcy Court for the: So | uthern District of Indian | a | |
| | 19-00252-JJG-13 | | , . | |
| Case number (If known) | 10 00202 000 10 | | | Check if this i |
| | | | | amended filin |
| Official F | orm 106H | | | |
| | | 0 - 1 - 1 1 1 1 1 1 1 | | |
| Scheau | le H: Your (| Codeptors | | 12/1 |
| are filing togeti and number th | ther, both are equally re | esponsible for supp on the left. Attach th | lying correct information. I | e as complete and accurate as possible. If two married peo f more space is needed, copy the Additional Page, fill it ou age. On the top of any Additional Pages, write your name a |
| 1. Do you ha | ve any codebtors? (If y | ou are filing a joint ca | ase, do not list either spouse | as a codebtor.) |
| No | , , | | , | <i>,</i> |
| ✓ Yes | | | | |
| | | | | y? (Community property states and territories include |
| | | ia, Nevada, New Mex | xico, Puerto Rico, Texas, Wa | shington, and Wisconsin.) |
| H 100.00 | o to line 3. | innuse or legal equip | alent live with you at the time | 32 |
| □ No | | pouse, or legal equiv | alent live with you at the time | 5! |
| | | ate or territory did vo | u live? | Fill in the name and current address of that person. |
| | ,,,,, | , , | | |
| | | | | _ |
| Nan | me of your spouse, former spou | se, or legal equivalent | | |
| Nur | mber Street | | | - |
| | | | | |
| City | у | State | ZIP Code | - |
| 3. In Column | 1. list all of your codeb | otors. Do not include | e vour spouse as a codebto | or if your spouse is filing with you. List the person |
| shown in li <i>Schedule l</i> | ine 2 again as a codeb | tor only if that perso Schedule E/F (Offic | on is a guarantor or cosign | er. Make sure you have listed the creditor on lule G (Official Form 106G). Use Schedule D, |
| Column 1. | : Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| J.1 Mai Ha | | | | offect an scriedules that apply. |
| Mei Hs | siang Lorick | | | Schedule D, line 2.1 |
| | Brixton Lane | | | Schedule E/F, line |
| Street | 1. | | | Schedule G, line |
| Indiana City | apolis | IN State | 46220 ZIP Code | |
| .2 | errette virker errette serverig som formalisk for det betrette strette som det errette er ekste det errette som | tana kanana kanana mata ay ta <u>magani kalangan kanan</u> pama da ay inda tanana. | and the second s | |
| Name | | | | Schedule D, line |
| | | | | Schedule E/F, line |
| _ | | | | Schedule G, line |
| Street | | | | |
| Street | | State | ZIP Code | |
| City | | State | ZIP Code | |
| City | | State | ZIP Code | Schedule D, line |
| City .3 | | State | ZIP Code | Schedule E/F, line |
| City | | State | ZIP Code | |

Official Form 106H

| Fill in this information to identi | fv vour case: | | | | | | |
|--|---|--|---------------------|---|--|---|--|
| Johnny Darrel | 7,000 | | | | | | |
| Debtor 1 First Name | Middle Name | Last Name | | - | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | - | | | |
| United States Bankruptcy Court for the | : _Southern District of India | na | | | | | |
| Case number 19-00252-JJ | G-13 | | • | Check in | f this is: | | |
| (If known) | | | | An a | mended filing | | |
| | | | | | pplement showing po | | oter 13 |
| Official Form 106I | | | | | me as of the following | oate: | |
| Schedule I: Yo | - ur Income | | | MM / | DD / YYYY | 40 | 2/15 |
| Be as complete and accurate as supplying correct information. If if you are separated and your speseparate sheet to this form. On the Part 1: Describe Employ | you are married and not fi ouse is not filing with you, ne top of any additional pa | ling jointly, and y do not include ir | our spo nformati | use is living with on about vour sp | n you, include informat oouse. If more space is | ion about your needed, attach | spouse. |
| Fill in your employment information. | | Debtor 1 | | need in Ed | Debtor 2 or non | -filing spouse | £7417 s |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not emplo | yed | nti Mikilangronina ta in-ri candi aya kina akkana biyo sakajila cunyo sakajila pira | Employed Not employed | | sankardinini saratu kotonomi elekanik sa |
| Include part-time, seasonal, or self-employed work. | | Quality Ass | surance | e Manager | | | |
| Occupation may include student or homemaker, if it applies. | | Massachus Insurance | setts M | utual Life | | , | |
| | Employer's name | | | | - | | |
| | Employer's address | 1295 State Number Street | | | Number Street | | |
| | | Springfield | | | - | | |
| | How long employed the | City ere? 8 months | State | ZIP Code | City | State ZIP Cod | e |
| | g omprojed the | o monus | | | - | | |
| Part 2: Give Details Abou | t Monthly Income | | | | | | |
| Estimate monthly income as o spouse unless you are separated | d. | • | | • | • | • | ling |
| If you or your non-filing spouse he below. If you need more space, a | ave more than one employe attach a separate sheet to th | er, combine the info iis form. | ormation | for all employers | for that person on the lir | nes | 200 |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | _ | 1 di alassi difficiale di dispersivo della dispersivo della dispersivo di dispersivo d |
| List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$_10,052.23 | \$ | | Auditionalities for access princip my cassass |
| 3. Estimate and list monthly ove | rtime pay. | | 3. + | \$0.00 | + \$ | | u a na y a a a da |
| 4. Calculate gross income. Add l | ine 2 + line 3. | | 4. | \$_10,052.23 | \$ | | Addition to construct the second seco |

Johnny Darrell Lorick

19-00252-JJG-13 Case number (if known First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse \$ 10,052.23 Copy line 4 here 5. List all payroll deductions: 2,563.51 5a. Tax, Medicare, and Social Security deductions 5a 0.00 5b. Mandatory contributions for retirement plans 5b. 500.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 140.08 5e. Insurance 5e. 0.00 5f. Domestic support obligations 5f. 0.00 5g. Union dues 5g. Long term disability 5h. Other deductions, Specify: 41.58 5h. \$ 3,245.17 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6. 6,807.06 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a. 0.00 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 8c. settlement, and property settlement. 0.00 8d. Unemployment compensation 8d. 0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f 0.00 8g. Pension or retirement income 8g. 0.00 8h. Other monthly income. Specify: 8h. 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 6,807.06 6,807.06 10. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 6,807.06 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ✓ No. Yes, Explain:

| Fill in this info | ormation to identify | your case: | | | | | |
|------------------------------------|--|---|--------------|---|----------------------------------|------------------|---------------------|
| Debtor 1 | Johnny Darrell Lorick | | | | | | |
| Deptor i | irst Name | Middle Name | Last Name | Check | if this is: | | |
| Debtor 2 (Spouse, if filing) Fi | irst Name | Middle Name | Last Name | An : | amended | filing | |
| United States Bar | nkruptcy Court for the: | Southern District of Indiana | | | | | petition chapter 13 |
| | 19-00252-JJG-13 | | (S | exp (state) | enses as | of the following | g date: |
| Case number (If known) | | | | ММ | / DD / YYY | Y | |
| Official Fo | orm 106J | - | | | | | |
| Schedu | ıle J: Yo | ur Expense | S | | | | 12/15 |
| nformation. If m | | ed, attach another sheet to | - | ng together, both are equal . On the top of any additior | | | • |
| Part 1: De | scribe Your Hou | ısehold | | | | | |
| | line 2. Debtor 2 live in a s | separate household? e Official Form 106J-2, <i>Exp</i> e | enses for Se | eparate Household of Debtor | 2. | | |
| Do you have o | • | No Yes. Fill out this inform | | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent liv |
| Debtor 2. Do not state the | e dependents' | each dependent | •••••• | Daughter | maganisos delinero cost | 9 | □ No ☑Yes |
| names. | | | | Son | | 5 | No No |
| | | | | Wife | | 50 | No Yes |
| | | | | | · | | Yes No Yes |
| | ses include eople other than our dependents? | ☑ _{No} □ Yes | | | A THIS WAY - ALL S YAMAY AND MAN | | |
| rt 2: Estin | nate Your Ongoi | ng Monthly Expenses | | | | | |
| | | | | e using this form as a supp ntal <i>Schedule J</i> , check the | | | |
| • | • | -cash government assista it on <i>Schedule I: Your Inc</i> | • | | | Your exper | ises |
| | home ownership ex e ground or lot. | xpenses for your residenc | e. Include f | irst mortgage payments and | 4. | \$ | 0.00 |
| If not include | d in line 4: | | | | | | 0.00 |
| 4a. Real esta | ate taxes | | | | 4a. | \$ | |
| 4b. Property, | homeowner's, or re | nter's insurance | | | 4b. | \$ | 0.00 |
| 4c. Home ma | aintenance, repair, a | nd upkeep expenses | | | 4c. | \$ | 200.00 |
| 4d Homeowi | ner's association or | aandaminium duaa | | | 4.4 | ¢ | 27.00 |

Debtor 1 Johnny Darrell Lorick

First Name Middle Name Last Name

Last Name Last Name

Last Name Last Name

Last Name

Last Name

Last Name

| | | | Your exp | |
|-----|--|------|----------|--------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 275.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 80.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 195.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 940.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 160.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Personal care products and services | 10. | \$ | 120.00 |
| 11. | Medical and dental expenses | 11. | \$ | 161.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | c | 346.00 |
| | Do not include car payments. | 12. | Φ | 340.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 78.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Plates and registration | 16. | \$ | 18.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

Case 19-00252-JJG-13 Doc 21 Filed 03/04/19 EOD 03/04/19 15:43:47 Pg 32 of 46

| Debtor 1 | Johnny Darrell Lorick Case number (# | 19 known) | 9-00252-JJG-1 | 13 |
|--------------|---|--|--|--|
| | First Name Middle Name Last Name | · | | |
| 1. Other. | Specify: Emergency and Miscellaneous Expenses | · 21. | +\$ | 125.00 |
| Rent paid w | hile Debtor is working in MA | 21. | +\$ | 1,365.00 |
| | | | +\$ | |
| 2. Calcul | ate your monthly expenses. | | | |
| 22a. Ad | d lines 4 through 21. | 22a. | \$ | 4,290.00 |
| 22b. Co | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a | 22b. | \$ | |
| and 22b | . The result is your monthly expenses. | 22c. | \$ | 4,290.00 |
| 3. Calculate | e your monthly net income. | | Šanova na | |
| 23a. Co | py line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 6,807.06 |
| 23b. Co | py your monthly expenses from line 22c above. | 23b. | -\$ | 4,290.00 |
| | btract your monthly expenses from your monthly income. | | \$ | 2,517.06 |
| Th | e result is your monthly net income. | 23c. | Ψ | |
| . Do you e | expect an increase or decrease in your expenses within the year after you file this form? | | | |
| For exam | ple, do you expect to finish paying for your car loan within the year or do you expect your | | | |
| mortgage | payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| ✓ No. | | ······································ | ed Verree de riteri considera sun reconssione. | |
| Yes. | Explain here: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Olderin (1964), kalentinian kalentinian kalentinian kalentinian kalentinian kalentinian kalentinian kalentinia | money (see Jean money (see Jean Jean Jean Jean Jean Jean Jean Je |

| Fill in this information to id | dentify your case: | | | |
|--------------------------------|--|--------------------------|---|-----------------------|
| Debtor 1 Johnny Dar | rell Lorick | | | |
| First Name Debtor 2 | Middle Name | Last Name | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court | for the Southern District of Inc | diana | | |
| Case number 19-00252-J | | | | |
| (If known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Form 10 |)6Dec | | | |
| Declaration | Ahout an I | ndividual [| Debtor's Schedules | 4014 |
| Dooraration | About un i | iidividdai L | | 12/15 |
| If two married people are | filing together, both are eq | ually responsible for su | pplying correct information. | |
| | | | d schedules. Making a false statement, cond | |
| | erty by fraud in connection §§ 152, 1341, 1519, and 357 | | can result in fines up to \$250,000, or impris | sonment for up to 20 |
| years, or both. To o.o.o. | 38 102, 1341, 1319, and 337 | | | |
| | | | | |
| | | | | |
| Sign Below | | | | |
| Sign Below | | | | |
| | o pay someone who is NO | T an attorney to help yo | u fill out bankruptcy forms? | |
| Did you pay or agree to | to pay someone who is NO | T an attorney to help yo | u fill out bankruptcy forms? | |
| | | T an attorney to help yo | | laration, and |
| Did you pay or agree t | | T an attorney to help yo | u fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Dec Signature (Official Form 119). | laration, and |
| Did you pay or agree t | | T an attorney to help yo | Attach Bankruptcy Petition Preparer's Notice, Dec | laration, and |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Signature of Debtor 1

Signature of Debtor 2

Date 03/04/2019 MM/ DD / YYYY

Date MM / DD / YYYY

| | ohnny Darrell Lorick | A Eddle No. | , ;;; | | | |
|--|---|-------------------------|---|---|----------------|---|
| btor 2 | rirst Name | Middle Name | Last Name | | | |
| ouse, if filing) F | | Middle Name | Last Name | | | |
| | ankruptcy Court for the: So | uthern District of Indi | iana | | | |
| se number _ nown) | 19-00252-JJG-13 | | | | | Check if this is a |
| | | | | | | amended filing |
| icial Fo | orm 107 | | | | | |
| ateme | nt of Financ | cial Affair | rs for Indiv | iduals Filing for | Bankruptcy | 4/1 |
| rt 1: Giv | re Details About Yo | our Marital Stat | us and Where Y | ou Lived Before | | |
| What is you | ır current marital statı | us? | | | | |
| | | | | | | |
| Mauriani | | | | | | |
| | | | | | | |
| ☐ Married ☐ Not marr | | | | | | |
| Not marr | | lived anywhere c | other than where y | ou live now? | | |
| V Not marr Ouring the la V No | ried last 3 years, have you | • | · | | | |
| Not marr Ouring the Ia No Yes. List | ried last 3 years, have you t all of the places you li | • | ears. Do not include | where you live now. | | (Data Data o |
| V Not marr Ouring the la V No | ried last 3 years, have you t all of the places you li | • | · | | | Dates Debtor 2 lived there |
| Not marr Ouring the Ia No Yes. List | ried last 3 years, have you t all of the places you li | • | ears. Do not include Dates Debtor 1 | where you live now. Debtor 2: | | lived there |
| Not marr Ouring the Is No Yes. List | ried last 3 years, have you t all of the places you li | • | ears. Do not include Dates Debtor 1 lived there | where you live now. | | lived there Same as Debtor |
| Not marr Ouring the Is No Yes. List | ried last 3 years, have you t all of the places you li r 1; | • | Pares Debtor 1 lived there | where you live now. Debtor 2: | | lived there Same as Debtor From |
| ✓ Not marn Ouring the la ✓ No ✓ Yes. List Debtor | ried last 3 years, have you t all of the places you li r 1; | • | ears. Do not include Dates Debtor 1 lived there | Debtor 2: | | lived there Same as Debtor |
| Not marn Ouring the land No Yes. List Debtor | ried last 3 years, have you t all of the places you li r 1: | • | Pares Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | state ZIP Code | lived there Same as Debtor From |
| Not marriage the land No No Pestor Numbe | ried last 3 years, have you t all of the places you li r 1: | ved in the last 3 ye | Pares Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Same as Debtor From To |
| V Not marr Puring the land No No Yes. List Debtor | ried last 3 years, have you t all of the places you li r 1: | ved in the last 3 ye | Pares Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City S | State ZIP Code | Same as Debtor From To |
| Not marriage the land No No Pestor Numbe | ried last 3 years, have you t all of the places you li r 1: | ved in the last 3 ye | Pares Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street City S | State ZIP Code | Iived there Same as Debtor From To Same as Debtor |
| V Not marriage Puring the land in the la | ried last 3 years, have you t all of the places you li r 1: | ved in the last 3 ye | Pares. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City S Same as Debtor 1 | State ZIP Code | Iived there Same as Debtor From To Same as Debtor |
| Not marriage the land of the l | ried last 3 years, have you t all of the places you li r 1: Street Street | ved in the last 3 ye | Pares. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City S Number Street | | Same as Debtor To Same as Debtor |
| V Not marriage Puring the land in the la | ried last 3 years, have you t all of the places you li r 1: Street Street | ved in the last 3 ye | Pares. Do not include Dates Debtor 1 lived there From To | Same as Debtor 1 Number Street City Same as Debtor 1 Number Street | state ZIP Code | Iived there Same as Debtor From To Same as Debtor |
| Not marriage the land of the l | ried last 3 years, have you t all of the places you li r 1: Street Street Street | ate ZIP Code | Pares. Do not include Dates Debtor 1 lived there From To From To | Debtor 2: Same as Debtor 1 Number Street City S Number Street | tate ZIP Code | Same as Debtor From To Same as Debtor From To |

| Debtor 1 | Johnny Darrell Lo | | | | Case no | umber (if known) 19-00252-JJG- | 13 |
|----------------------------|---|---|---|------------------------------|--|--|--|
| Part 2: | First Name Middle Explain the Soul | rces of Your Inc | | | | | |
| Fill in the If you a | the total amount of in are filing a joint case | come you received | from all jobs ar | nd all busir | siness during this year nesses, including part-tin ner, list it only once unde | | dar years? |
| | | | Debtor 1 | | | Debtor 2 | |
| | | | Sources of inco | | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | rom January 1 of cu e date you filed for | | ✓ Wages, con bonuses, tip | ps | \$4,615.39 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | or last calendar yea anuary 1 to Decemb | | ✓ Wages, cor bonuses, tip✓ Operating a | os | \$86,538.45 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | or the calendar year anuary 1 to Decembe | | ✓ Wages, cor bonuses, tip | os | \$_40,231.77 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| and oth winning List eac | ner public benefit pay gs. If you are filing a | ments; pensions; reioint case and you h | ental income; in nave income tha | iterest; divi at you rece | | | |
| | | Sources of Describe I | | each sou | eductions and | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | ary 1 of current he date you nkruptcy: | | | \$ <u>0.00</u> \$ \$ | | | \$ \$ \$ |
| | endar year: | - | | \$ <u>0.00</u> | | | \$ \$ |
| January 1 to ecember 3° | | | | \$ | | | \$ |
| or the cale | • | 1099-R from Great 1099-R from Citib | ank, N.A. | \$ <u>4,314.59</u> |) | | \$ \$ |
| lanuary 1 to ecember 31 | | US Federal Incon | ne Lax Hefund | \$ 2,705.00 | | | . |

| Debtor 1 | Johnny Darrell Lorick | | Ca | ase number (if known) 19-00252-JJ | G-13 |
|-------------|---|--|--|--|--|
| | First Name Middle Name Last N | ame | _ | (I I I I I I I I I I I I I I I I I I I | |
| | _ | | | | |
| Part 3: | List Certain Payments You Mad | e Before You Filed | for Bankruptcy | | |
| | | | | | |
| 6. Are ei | ther Debtor 1's or Debtor 2's debts pri | marily consumer det | ate? | | |
| | • | • | | | 14(0) |
| 140 | Neither Debtor 1 nor Debtor 2 has p "incurred by an individual primarily for | a personal, family, or | household purpose." | | 11(8) as |
| | During the 90 days before you filed fo | r bankruptcy, did you p | pay any creditor a total | l of \$6,425* or more? | |
| | ☐ No. Go to line 7. | | | | |
| | Yes. List below each creditor to with the total amount you paid that crechild support and alimony. Al | editor. Do not include p | payments for domestic | support obligations, such as | |
| | * Subject to adjustment on 4/01/19 and | d every 3 years after t | hat for cases filed on o | or after the date of adjustment | |
| ☑ Ye | s. Debtor 1 or Debtor 2 or both have p | rimarily consumer de | ebts. | | |
| | During the 90 days before you filed for | | | of \$600 or more? | |
| | ☑ No. Go to line 7. | | | | |
| | Yes. List below each creditor to who creditor. Do not include paymalimony. Also, do not include | ents for domestic supp | port obligations, such a | as child support and | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | \$ | \$ | _ |
| | Creditor's Name | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | Number Street | | | | Loan repayment |
| | *************************************** | Water Control of Contr | | | Suppliers or vendors |
| | City State Zi | P Code | | | Other |
| | City State Zi | P Code | and the second s | and a fine of the control of the con | e s Charles augministrator e a caracter de la company |
| | | | \$ | \$ | — |
| | Creditor's Name | | Ψ | Ψ | . ☐ Mortgage |
| | | | | | ☐ Car ☐ Credit card |
| | Number Street | | | | Loan repayment |
| | *************************************** | | | | Suppliers or vendors |
| | | | | | Other |
| | City State ZII | P Code | | | |
| | | a security of the second second | ar i Mark went ewigen i minerale in mang ging an enin | ente e traja i se antigata y programa se antigata e trasa y en antigata e trasa y en entere entere entere en a | and the second second second in the second s |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | Hambor Onder | | | | Loan repayment |
| | | *************************************** | | | ☐ Suppliers or vendors |
| | City State ZIF | ² Code | | | Other |
| | Ony State ZIP | Code | | | |
| | | | | | |

| tor 1 | Johnny Darrell Lorick | | | | Case number (if known) 19-00252-JJG-13 | | | |
|-----------------------------|--|--|--|---|---|---|--|------------------|
| | First Name | Middle Name | Last Name | | | | | |
| Insider corporagent, such a | rs include your re ations of which y including one fo s child support a | elatives; any ge /ou are an offic or a business yo and alimony. | neral partners; r er, director, pers ou operate as a s | relatives of ar son in control | ny general partners; _I , or owner of 20% or | partnerships of which more of their voting | vho was an insider? ch you are a general partn g securities; and any mana r domestic support obligat | iging |
| □ Ye: | s. List all payme | nts to an inside | r. | Dates of payment | | Amount you still owe | Reason for this payment | |
| Īn | sider's Name | | | | \$ | _ \$ | | |
| N | umber Street | | | *************************************** | - | | | |
| - | | | | | _ | | | |
| Ci | ty | State | ZIP Code | | · · · · · · · · · · · · · · · · · · · | \$ | | |
| Ins | sider's Name | | | *************************************** | | | | |
| Nu | umber Street | | | | _ | | | |
| Cit | ły | State | ZIP Code | | | | | |
| n insid | | | | | payments or transf | er any property on | account of a debt that b | penefited |
|] No] Yes | . List all paymen | ts that benefite | d an insider. | | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | |
| Insi | ider's Name | | | | \$ | \$ | | |
| Nur | mber Street | | | - 7 | | | | |
| City | / | State | ZIP Code | | | | | |
| Insi | der's Name | | | | \$ | \$ | | and an income to |
| Nun | nber Street | | | | | | | |
| | | | | | | THE PROPERTY OF ALLESSA | | |
| City | | State | ZIP Code | | | | | |

| Debtor 1 | Johnny Darrell Lorick | | Case numbe | er (if known) 19-0 | 0252-JJG | -13 |
|------------|--|--|---|--|------------------------------------|--------------------------|
| | First Name Middle Name Las | st Name | | | | |
| | | | | | | |
| Part 4: | Identify Legal Actions, Repos | sessions, and Foreclosures | | | | |
| 9. Within | 1 year before you filed for bankrup | tcy, were you a party in any lawsui | it, court action, or | administrati | ve proceedir | ng? |
| List all | such matters, including personal injur | y cases, small claims actions, divorc | es, collection suits | , paternity acti | ons, support | or custody modifications |
| and co | ntract disputes. | | | | | |
| ☐ No | | | | | | |
| ✓ Yes | s. Fill in the details. | | | | | |
| | | Nature of the case | Court or agency | <i>!</i> | | Status of the case |
| Case title | re Just for Men Cases | Personal Injury Product Liability | Protonica | | | |
| odoo ma | | Class Action; Date filed: 06/23/2016 | Southern District Court Name | ct of Illinois Di | strict Court | ─ Pending |
| | | | *************************************** | | | On appeal |
| | | | 750 Missouri Av | /enue | | Concluded |
| | | | | | | _ 33.13.13.22 |
| 0 | _{pher} 3:16-cv-00638-DRH | | Benton City | | 2812 Code | _ |
| Case nur | | Collection: Deta filed: 00/00/0010 | | Oldie Zii | | |
| | Harrison Ridge Neighborhood Association, Inc. vs. Johnny Lorick | Collection; Date filed: 08/08/2018 | Marion County | Superior Cour | t#3 | |
| Case title | • | | Court Name | опротог сса. | <u> </u> | Pending |
| | | | City County Buil | ldina W-406 | | On appeal |
| | | | Number Street | g , , , , , , | | ✓ Concluded |
| | | | Indianapolis | IN 46 | 5204 | |
| Case nun | nher 49D03-1808-CC-031320 | | City | ~~~~ | Code | - |
| | . Fill in the information below. | Describe the property | | D | ate | Value of the property |
| | | Foreclosure on Debtor's | residence | ************************************** | | |
| | Colonial National Mortgage | | | 0 | 6/19/2017 | 0.00 |
| | Creditor's Name | | - · | | | Φ |
| | a Division of Colonial Savings, FA | The state of the s | | | | |
| | Number Street | Explain what happened | | | | |
| | PO Box 2988 | Property was repose | sessed. | | | |
| | 1 0 200 2000 | Property was forecle | | | | |
| | Fort Worth TX 761 | 13 | | | | |
| | City State ZIP Co | | ed, seized, or levie | d. | Vikity/debbijajijao teirangazaanan | |
| | | Describe the property | | Da | ıte | Value of the property |
| | | and the first of the distribution for the contract of the cont | <u> </u> | | | |
| | | | | The state of the s | | \$ |
| | Creditor's Name | | | | | Ψ |
| | | | | | | |
| | Number Street | | | 1 | | |
| | | Explain what happened | | | | |
| | | Property was reposs | sessed. | | | |
| | | Property was forecld | osed. | | | |
| | City State ZIP Co | Property was garnisl | hed. | | | |
| | on, State ZIP Co | Property was attache | ed, seized, or levie | d. | | |

| Johnny Darrell Lorick | Case number (if known)_ | 19-00252-JJG-13 |
|---|--|--|
| First Name Middle Name La: | st Name | |
| | | |
| ithin 90 days before you filed for bankru | uptcy, did any creditor, including a bank or financial institutio | on, set off any amounts from your |
| counts or refuse to make a payment be | cause you owed a debt? | • |
| No | | |
| Yes. Fill in the details. | | |
| | Describe the action the creditor took | Date action Amount |
| | | was taken |
| Creditor's Name | To any and the second s | |
| | | \$ |
| Number Street | | |
| | - : | The state of the s |
| | | |
| City State ZIP Code | Last 4 digits of account number: XXXX– | |
| | | |
| ithin 1 year before you filed for bankrupt editors, a court-appointed receiver, a cu | cy, was any of your property in the possession of an assign | ee for the benefit of |
| No | ordinary of another officials | |
| Yes | | |
| | | |
| List Certain Gifts and Contribu | itions | |
| | | |
| hin 2 years hefore you filed for hankrun | tcy, did you give any gifts with a total value of more than \$60 | M nor norgan? |
| No | ncy, did you give any girts with a total value of more than \$60 | ou per person? |
| Yes. Fill in the details for each gift. | | |
| res. Fill in the details for each gift. | | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave Value |
| per person | | the gifts |
| | | |
| David A. W. Co. V. Co. M. O. | | |
| Person to Whom You Gave the Gift | | |
| | | \$ |
| | | |
| Number Street | | |
| | | |
| City State ZIP Code | | |
| Person's relationship to you | | |
| • | | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave Value |
| per person | | the gifts |
| | | _ |
| Person to Whom You Gave the Gift | | \$ |
| | | • |
| | | \$ |
| | | Ψ |
| Number Street | | Φ |
| | | <u> </u> |
| | | |
| | | <u> </u> |
| | | <u> </u> |

| ebtor 1 | Johnny Darrell Lorick | Case number (if known | , 19-00252-JJG-13 | |
|-----------------|--|--|--|---------------------------|
| | First Name Middle Name | Last Name Case Humber (in known |) | |
| | | | | |
| | | ankruptcy, did you give any gifts or contributions with a total val | ue of more than \$60 | 0 to any charity? |
| | | | | |
| U Y | es. Fill in the details for each gift of | or contribution. | | |
| | Gifts or contributions to charities | Describe what you contributed | Date you | Value |
| | that total more than \$600 | | contributed | |
| | | | | |
| | | | *** | œ. |
| c | harity's Name | | | Ψ |
| | | | Mr fragger a post | • |
| | | | | Ψ |
| | | | | |
| Nı | umber Street | | | |
| | | | | |
| Ci | ity State ZIP Code | | | |
| | | | | |
| | | | | |
| rt 6: | List Certain Losses | | | |
| | Describe the property you lost and he he loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your loss | Value of property lost |
| amen, c | The state of the s | claims on line 33 of Schedule A/B: Property. | | |
| | | | | \$ |
| | | | | Ψ |
| | | | | |
| t 7: | List Certain Payments or 1 | Cransfers | | |
| | | | | |
| Withir | 1 1 year before you filed for bank | rruptcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? | sfer any property to | anyone you |
| | | on preparing a barning to permon? on preparers, or credit counseling agencies for services required in yo | our bankruptcy. | |
| ☐ No | | , , , , , , , , , , , , , , , , , , , | | |
| | s. Fill in the details. | | | |
| | | | | |
| N. | Mike Norris & Associates, PC | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | erson Who Was Paid | Attorney fees | T | |
| | 802 West 96th Street, Suite 110 | | 10/01/0010 | * 4.000.00 |
| Ni | umber Street | | 12/21/2018 | \$_4,000.00 |
| | | | Committee of the commit | * 0.00 |
| | | • | | \$_0.00 |
| <u>In</u> Ci | ndianapolis IN 4626 ty State ZIP Cod | | W. Company | |
| | | | California programma | |
| En | nail or website address | — | good start - task | |
| | Pebtor | | | |
| Pe | erson Who Made the Payment, if Not You | | | |

| | Johnny Darrell Lorick | | | Case number (if known)_1 | 9-00202-000-13 | |
|--|---|--|---|--|--|-------------------------|
| | First Name Middle Nam | e Las | st Name | Case number (# kilowil) | | |
| ^ | agan na 4 chunhur 1990, 2000 dhu chunhu (2000) dhu bhu dhu na na bhu chunhun (2000) dhu chunhun na gan ga ga ga ga ga | P 188 9 9 0 0 0 00 1 00 0 00 00 00 00 00 00 00 00 | Description and value of any property | transferred | Date payment or transfer was made | Amount of payment |
| | Abacus Credit Counseling | g | Credit Counseling | | Strandova | , |
| | 17337 Ventura Blvd. | | | | 1/10/2019 | \$_24.99 |
| | Number Street | | | | TR RESPONDED AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O | |
| | Suite 205 | | | | Man of the state o | \$ |
| | Encino CA | 91316 | | | White printers | |
| | City State | ZIP Code | | | W W T T T T T T T T T T T T T T T T T T | |
| | Email or website address | | _ | | TOOLS IN SECULAR | |
| | Debtor | | | | | |
| | Person Who Made the Payment, if | Not You | | | | |
| 니 Y | io es. Fill in the details. | | | | | |
| _ | es. riii in the details. | | Description and value of any property t | ransferred | Date payment or | Amount of paym |
| | | *************************************** | | | transfer was made | |
| | Person Who Was Paid | | | d in control | | \$ |
| | Number Street | | | | | |
| | | | | | | |
| | | | | Configuration of the Configura | | \$ |
| | City State n 2 years before you filed | ZIP Code | tcv. did you sell trade or otherwise to | ransfer any property to | anyone other than | \$ |
| Vithi rans nolud Do no | n 2 years before you filed ferred in the ordinary cou de both outright transfers an ot include gifts and transfer | I for bankrupt urse of your b nd transfers m | tcy, did you sell, trade, or otherwise to business or financial affairs? nade as security (such as the granting of e already listed on this statement. | | | |
| Vithing rans | n 2 years before you filed ferred in the ordinary cou de both outright transfers a ot include gifts and transfer o | I for bankrupt urse of your b nd transfers m | ousiness or financial affairs? nade as security (such as the granting of | | rtgage on your prope | |
| Vithinans notice Do no No No No No No No No No No No No No No | n 2 years before you filed ferred in the ordinary cou de both outright transfers a ot include gifts and transfer o | I for bankrupt urse of your b nd transfers m | pusiness or financial affairs? nade as security (such as the granting of a life and provided and the statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |
| Withing rans not use to no | n 2 years before you filed ferred in the ordinary cou de both outright transfers an of include gifts and transfer o es. Fill in the details. | I for bankrupt urse of your b nd transfers m | pusiness or financial affairs? nade as security (such as the granting of a life and provided and the statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |
| Vithing rans | n 2 years before you filed ferred in the ordinary cou de both outright transfers and of include gifts and transfer o es. Fill in the details. | I for bankrupt urse of your b nd transfers m s that you hav | pusiness or financial affairs? nade as security (such as the granting of a life and provided and the statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |
| Vithing rans | n 2 years before you filed ferred in the ordinary cou de both outright transfers a ot include gifts and transfer o es. Fill in the details. | I for bankrupt urse of your b nd transfers m | pusiness or financial affairs? nade as security (such as the granting of a life and provided and the statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |
| Vithing rans of the control of the c | n 2 years before you filed ferred in the ordinary cou de both outright transfers and of include gifts and transfer o es. Fill in the details. | I for bankrupt urse of your b nd transfers m s that you hav | pusiness or financial affairs? nade as security (such as the granting of a life and provided and the statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |
| Vithing rans rans rans rans rans rans rans rans | n 2 years before you filed ferred in the ordinary could both outright transfers and transfer of the country of | I for bankrupt urse of your b nd transfers m s that you hav | pusiness or financial affairs? nade as security (such as the granting of a line and listed on this statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |
| Within crans of the crans of t | n 2 years before you filed ferred in the ordinary could be both outright transfers and transfer of include gifts and transfer of ess. Fill in the details. Person Who Received Transfer Street State Person's relationship to you | I for bankrupt urse of your b nd transfers m s that you hav | pusiness or financial affairs? nade as security (such as the granting of a line and listed on this statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |
| Within transport of the property of the proper | n 2 years before you filed ferred in the ordinary could be both outright transfers and include gifts and transfer of ess. Fill in the details. Person Who Received Transfer Street Person's relationship to you | I for bankrupt urse of your b nd transfers m s that you hav | pusiness or financial affairs? nade as security (such as the granting of a line and listed on this statement. Description and value of property | a security interest or mo | rtgage on your prope | erty). Date transfer |

| Debtor 1 | Johnny Da | | | Case number (if known) 19-00252-JJG-13 |
|------------------|---------------------------------------|-------------------|-------------------------------|--|
| | First Name | Middle Name | Last Name | THE PARTIES OF NORTH |
| 19. Wit l | hin 10 years bef | ore you filed for | bankruptcy, did you trar | nsfer any property to a self-settled trust or similar device of which you |
| | | These are often | called asset-protection de | evices.) |
| | No Yes. Fill in the de | 4-11- | | |
| | res. Fill in the de | etalis. | | |
| | | | Description and | d value of the property transferred Date transfer |
| | | | | THE TRUE AND ASSESSED TO SERVE A PART OF THE ANALYSIS MADE |
| | Name of trust | | | |
| | | | | |
| | | | | |
| | | | | |
| Part 8 | List Certain | Financial Δc | counts Instruments | s, Safe Deposit Boxes, and Storage Units |
| | | | | |
| clos | sed, sold, moved | l, or transferred | nkruptcy, were any finar ? | ncial accounts or instruments held in your name, or for your benefit, |
| Incl | ude checking, s | avings, money n | narket, or other financial | l accounts; certificates of deposit; shares in banks, credit unions, |
| | | pension funds, o | cooperatives, association | ons, and other financial institutions. |
| | No Yes. Fill in the de | otaile | | |
| | 100.11111111110 | ctario. | t and districts of | The Comment of the Comment of the Comment |
| | | | Last 4 digits of a | account number Type of account or Date account was Last balance before closed, sold, moved, closing or transfer or transferred |
| | Name of Financial Ir | stitution | | Checking \$ |
| | | | | Savings |
| | Number Street | | | Money market |
| | | | | Brokerage |
| | City | State ZIP (| ode | Other |
| | | | | |
| | Name of Financial In | stitution | xxxx | |
| | Walle Of Financial III | stitution | | Savings |
| | Number Street | | M | Money market |
| | | | · | Brokerage |
| | City | 64-4- 7ID 0 | | Other |
| | - | State ZIP C | | |
| | ou now have, or rities, cash, or o | | | iled for bankruptcy, any safe deposit box or other depository for |
| ☑ N | | andr valuables: | | |
| ☐ Y | es. Fill in the de | tails, | | |
| | | | Who else had acc | 그리고 그리고 하는 그 그는 그는 그는 그는 그는 그를 가는 그를 가는 그들은 사람들이 되었다면 하는데 사람들이 되었다. 그는 그는 그를 가는 그를 가게 하는 그를 가게 하는 것이다. |
| | | | | have it? |
| : | | | | ∐ No |
| ı | Name of Financial Ins | titution | Name | L] Yes |
| ī | Number Street | | Number Street | |
| _ | | | | |
| | | | City State | ZIP Code |
| ā | City | State ZIP Co | ode | |

| Debtor 1 | | | Case number (if known) 19-00252-JJG-13 | |
|--------------|--|--|---|-----------------------|
| | First Name Middle Name L | ast Name | · | |
| 22. Hav | ve you stored property in a storage uni No | t or place other than your home v | within 1 year before you filed for bankruptcy? | |
| | Yes. Fill in the details. | | | |
| | | Who else has or had access to i | t? Describe the contents | Do you still have it? |
| | Name of Storage Facility | Name | | □No □Yes |
| | Number Street | Number Street | | |
| | | City State ZIP Code | | |
| | City State ZIP Code | | | |
| Part 9 | Identify Property You Hold | or Control for Someone Els | • | |
| | | | e property you borrowed from, are storing for, | |
| or | hold in trust for someone. | someone clac owns: include any | property you borrowed from, are storing for, | |
| | No Yes. Fill in the details. | | | |
| 1 | 103.1 III III tile details. | Where is the property? | Describe the property | Value |
| | | | | |
| | Owner's Name | | | \$ |
| | Number Street | Number Street | | |
| | | | *************************************** | |
| | | City State | ZIP Code | |
| | City State ZIP Code | | | ! |
| Part 1 | 0: Give Details About Environ | mental Information | | |
| | e purpose of Part 10, the following defi | | | |
| haz | <i>vironmental law</i> means any federal, sta ardous or toxic substances, wastes, o luding statutes or regulations controlli | r material into the air, land, soil, s | concerning pollution, contamination, releases of surface water, groundwater, or other medium, ces, wastes, or material. | |
| ⊯ Site | e means any location, facility, or prope r used to own, operate, or utilize it, inc | rty as defined under any environn Iuding disposal sites. | nental law, whether you now own, operate, or utiliz | e |
| ■ <i>Haz</i> | <i>rardous material</i> means anything an en stance, hazardous material, pollutant, | ivironmental law defines as a haz contaminant, or similar term. | ardous waste, hazardous substance, toxic | |
| Report | all notices, releases, and proceedings | that you know about, regardless | of when they occurred. | |
| 24. Has | any governmental unit notified you that | at you may be liable or potentially | liable under or in violation of an environmental law | v? |
| | | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | |
| ï | Name of site | Governmental unit | - | - |
| | | | | |
| Ĩ | Number Street | Number Street | - | |
| _ | | City State ZIP Code | - | |
| | | | | |
| 7 | City State ZIP Code | | | |

| Debtor 1 | Johnny Darrell Lorick | | Case number (if known) 19-00252-JJG-13 | |
|----------|--------------------------------------|--|---|-------------------------|
| | First Name Middle Name | Last Name | Case Humber (I known) | |
| | | | | |
| 25. Hav | e vou notified any governmental ur | nit of any release of hazardous mater | :-13 | |
| | | int of any release of flazardous mater | air | |
| | | | | |
| | Yes. Fill in the details. | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | |
| | Name of site | Governmental unit | _ i | |
| | | | | |
| | Number Street | Number Street | | |
| | | | | |
| | | City State ZIP Code | | |
| | City State ZIP Code | | | |
| | State Zir Godi | · | | |
| 6. Have | you been a party in any judicial or | administrative proceeding under any | environmental law? Include settlements and | orders. |
| Ø N | | | | |
| | es. Fill in the details. | | | |
| | | Court or annual | | Status of the |
| | | Court or agency | Nature of the case | case |
| C | ase title | | | |
| | | Court Name | | L Pending |
| | | | | On appeal |
| | | Number Street | _ | ☐ Concluded |
| • | | | | |
| · | ase number | City State ZIP Cod | le . | |
| | | | | |
| art 11 | Give Details About Your I | Business or Connections to Any | Business | |
| 7. Withi | n 4 years before you filed for bank | ruptcy, did you own a business or ha | ve any of the following connections to any bus | iness? |
| Ļ | A sole proprietor or self-employe | ed in a trade, profession, or other act | ivity, either full-time or part-time | |
| 느 | J A member of a limited liability co | ompany (LLC) or limited liability partn | ership (LLP) | |
| - | A partner in a partnership | | | |
| <u></u> | An officer, director, or managing | | | |
| L | I An owner of at least 5% of the vo | ting or equity securities of a corpora | tion | |
| ☑ N | o. None of the above applies. Go to | Part 12. | | |
| □ Ye | es. Check all that apply above and t | fill in the details below for each busin | ess. | |
| | | Describe the nature of the business | | , TOWNER TO |
| Ē | Business Name | | Do not include Social Security | number or ITIN. |
| | | | | |
| <u> </u> | lumber Street | | EIN: | |
| , | | | Dates business existed | |
| _ | No. | Name of accountant or bookkeeper | CONTRACTOR CONTRACTOR AND AND AND AND AND AND AND AND AND AND | |
| | | v www.co.saca.sast.ft.ftfmm. | | o |
| ō | ity State ZIP Code | - | | |
| | | Describe the nature of the business | Employer Identification number | |
| В | usiness Name | | Do not include Social Security r | number or ITIN. |
| | | | -w | |
| N | umber Street | _ | EIN: | 7.5.5.4.5.5.5.5.4.4.5.5 |
| ., | | | Dates business existed | |
| _ | | Name of accountant or bookkeeper | | |
| | | and the second s | From | То |
| | | | | |

| ebtor 1 | Johnny Darrell Lorick | Case numbe | Case number (if known) 19-00252-JJG-13 | | |
|---------|---|---|--|--|--|
| | First Name Middle Name Last | Name | · · · · · · · · · · · · · · · · · · · | | |
| | | Describe the nature of the business | Employer Identification number | | |
| | Business Name | | Do not include Social Security number or ITIN. | | |
| | | | EIN: | | |
| | Number Street | | Dates business existed | | |
| | | Name of accountant or bookkeeper | From To | | |
| | City State ZIP Code | | | | |
| instit | in 2 years before you filed for bankrup tutions, creditors, or other parties. Io 'es. Fill in the details below. | tcy, did you give a financial statement to anyone ab | out your business? Include all financial | | |
| | | Date issued | | | |
| | Name | MM / DD / YYYY | | | |
| | Number Street | | | | |
| | | | | | |
| | | | | | |
| i | City State ZIP Code | | | | |
| | | | | | |
| | | | | | |
| rt 12 | : Sign Below | | | | |
| in co | wers are/true and correct. I understand | of Financial Affairs and any attachments, and I dec that making a false statement, concealing property result in fines up to \$250,000, or imprisonment for use and the statement for use and the stateme | /, or obtaining money or property by fraud | | |
| , ' | ignature of Debtor 1 | Signature of Debtor 2 | | | |
| | ate <u>03/04/2019</u> | Date | | | |
| Did y | ou attach additional pages to Your St | atement of Financial Affairs for Individuals Filing fo | r Bankruptcy (Official Form 107)? | | |
| F | No Yes | | | | |
| Did y | | is not an attorney to help you fill out bankruptcy for | ms? | | |
| | | Attach (| the Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119). | | |

Johnny Darrell Lorick 19-00252-JJG-13

Debtor 1 Case number (if known)_____

Continuation Sheet for Official Form 107

9) Lawsuits

Case Title: Colonial National Mortgage, a Division of Colonial Savings, FA v. Johnny D Lorick aka Johnny Lorick, Mei Hsiang Lorick, Automotive Finance

Corporation, et al

Case Number: 49D06-1706-MF-024101

Court Name: Marion County Superior Court #6

Court Address: City-County Building, W-542, Indianapolis, IN 46204

Case Status: Concluded

Nature of the case: Foreclosure: Foreclosure on Debtor's residence; Date

filed: 06/19/2017
